Introductory Address

DELIVERED AT

UNIVERSITY COLLEGE, LONDON,

On the Opening of the Winter Session of 1882.

BY MARCUS BECK, M.S., F.R.C.S.

GENTLEMEN,—It having fallen to my lot to deliver the customary Address at the commencement of the present session, I have thought I could not better employ the time than in pointing out to you some of the theoretical principles upon which modern medical education is supposed to be conducted, and the reasons why the practice does not as yet, for all students, quite correspond with the theory.

Medical education, as we understand it now, is of comparatively recent origin. At the beginning of this century the profession was divided into distinct grades. There were, first, the physicians who had, as a rule, received such scientific education as was to be obtained at that time. They had mostly attended lectures at one of the English or Scotch Universities, and spent some time in practical study in a hospital. Then there were the surgeons, licensed by the College of Surgeons, then just founded in its present form. These also had received some education in anatomy and surgery. Lastly, there were the apothecaries, and to them fell the larger share of medical practice of the time. It was not uncommon, however, for these two last to be joined together in the person of one man, forming the surgeon-apothecary, who was the precursor of the modern general practitioner. The practice of the apothecaries differed from anything we have within the limits of the legitimate medical profession in the present day. They were essentially prescribing druggists, and could legally charge only for the medicine they prescribed. Thus they could receive no remuneration unless they ordered some medicine, and the more they ordered the more they got; a style of practice calculated to inspire a firm belief in the efficacy of drugs. It was not necessary for the apothecary to receive any medical education beyond being apprenticed to some one already in the trade, and the jurisdiction of the Society of Apothecaries, which necessitated even this amount of training, only extended to a distance of seven miles round London.

That the greater part of the practice of the country should have been in the hands of men like these seems to us now rather surprising; but we must not forget that even as late as the end of the last century science had not reached such a point of advancement as to make it a trustworthy guide to practice. The study of human anatomy was doubtless more advanced than other branches of medical knowledge, but even this was very far short of the perfection it has now reached. In chemistry oxygen had only been discovered for some twenty years, and the atomic theory had not as yet been established. The work of John Hunter and Baillie had raised morbid anatomy to the rank of a science; but, from want of proper instruments, investigation into the finer processes of disease was almost impossible. In medical practice almost all the means of physical examination now in constant use, and without which we should feel it impossible in a great proportion of cases to make a diagnosis, were unknown. Auscultation, percussion, the use of the thermometer, the accurate chemical examination of the secretions, had yet to be invented, and the medical man had therefore little to do but to feel the pulse, look at the tongue, and listen to what the patient had to tell him. Surgery, being to a great extent dependent on anatomy, was, in some respects, more advanced than medicine; moreover, wounds and injuries require no special means of observation for their diagnosis.

At this time, therefore, science being of but little assistance, the apothecary was chiefly guided in his practice by empirical knowledge, handed down from generation to generation, and it was but natural that a long period of apprenticeship was considered the best means of acquiring such knowledge. The pupil was, as a rule, apprenticed at a very early age, and his term of service lasted seven years. His master during this time initiated him into the art and mystery of healing, taught him to bleed and compound medicines; and from an early period it was his duty to attend to such patients as were willing to trust themselves to him. Being necessarily at first very ignorant, he thus learnt one thing, at any rate, to perfection, and that was the invaluable art of concealing his want of knowledge from the patient; and he probably learnt it much better than he would have done had he been troubled, as the young practitioner now is, with sufficient knowledge to raise in his mind any doubt as to whether he really knew what was the matter with the patient or not. Education by apprenticeship was, perhaps, fairly adapted to the knowledge of the time. It was useless for a student to spend years in the study of sciences which were not sufficiently advanced to be of any real practical service to him in his profession, and the mental training he would have derived from such a course of study would have been of but little use to him, when, from the insufficiency of the means of observation at his command, it could seldom have been possible for him to arrive at a conclusion as to the nature of a case by any logical process of reasoning. Perhaps his experience while an apprentice enabled him to jump to a conclusion as to what drug would best suit a given case as well as all the science of the time could have done. The instruction communicated to him by his master included a great deal that was true and useful, for much as science has done for us since that time, we are still as yet very far from being independent of traditional and empirical knowledge. The want of scientific training to instil a wholesome spirit of disbelief enabled the pupil to receive what his master taught him in faith, and to believe it with an earnestness rare in the present day. It was this that made him afterwards honestly believe that he knew a great deal in spite of what we should now consider his lamentable ignorance, and prevented his becoming the mere impostor that he is sometimes accused of having been. Under such a system of training it was, however, impossible for any but men of great original genius to break away from the trammels of tradition, and to take any part in the advancement of knowledge.

Yet the advance of medical knowledge at the beginning of this century was not without its influence on the lower branches of the profession, and many of the surgeon-apothecaries began to feel it a disgrace that so large a number of their branch of the profession had never received any proper medical training, and consequently a society was formed called the Association of Surgeon-Apothecaries of England and Wales, the object of which was in their own words "to improve the education of, and render more respectable, their own body." The effect of this agitation was the extension of the jurisdiction of the Society of Apothecaries to the whole of England and Wales, and after that no person was able to start in practice as an apothecary without having undergone a proper examination. From this time the old system of education gradually underwent a transformation. At first the period of apprenticeship was fixed at five years, the whole of which might be spent by the pupil in the service of his master. About ten years later it became the custom for every student to spend at least one year in a regular medical school. In 1826 this College, then called London University, was founded, and for the first time a systematic scientific education was given in London on essentially the same lines as are followed to the present day. Influenced by the example of this College, other schools quickly improved their arrangements for conducting the education of every student upon scientific principles. As the amount of scientific knowledge expected from the student increased, so it became necessary to prolong the time spent in the medical school at the expense of the period of apprenticeship. Twenty years ago it was the custom for the majority of students to spend one year, or sometimes two, as apprentices, and three years in the medical school. Now the change is almost complete, and it is rare for any student to be bound apprentice. The real cause which has been at the bottom of this change is that science has now so far advanced as to become an actual guide to practice, and consequently medicine and surgery can no longer be properly taught on the old empirical principles, but must be studied as sciences.

The change, however, from the old system to the new having been the result of a series of compromises, has succeeded in producing for the ordinary student a course of study which corresponds but imperfectly with the laws of scientific education. The amount of knowledge in every branch of medicine, and in each of the allied subjects, has

enormously increased, and every student now has to learn a great deal more than was expected from his predecessors of twenty years ago; while at the same time there is no reason to believe that the human intellect is increasing in capacity. How, therefore, to enable the student to acquire such a proportion of the increased sum of knowledge as to justify him in considering himself even decently educated has become a problem of no little difficulty. At present the examining boards require from the student a standard of knowledge which, unfortunately, many find it difficult to attain to; but it is not because it is too high that they cannot attain unto it. The standard has only been raised proportionally to the increase of knowledge, and the student will doubtless feel inclined to say with Solomon, "He that increaseth knowledge increaseth sorrow," for it is a serious fact that the proportion of students rejected at their examinations has correspondingly increased as the standard has been raised; and it is not now only the hopelessly lazy, or those who have some natural difficulty in acquiring knowledge who are rejected, but the industrious student of fair abilities sometimes meets with the same fate. Since in an evil hour the Royal College of Surgeons commenced the publication of the numbers passed and rejected from each school, it has become the custom in some places to submit the student to a test examination of equal severity to that of the College before signing the necessary schedule. By this means an apparent improvement has been obtained in the work of some schools, but it seems to me to matter but little to the student whether he is plucked by his teachers or by the examiners. This test examination, it is needless to say, has been devised for the benefit of the school and not of the student, ignoring the fact that the school is made for the student, not the student for the school. It has never been instituted in this College, and I hope it never will. The real effort to meet the higher standard must not be by such tricks as these, but by adopting the best possible course of training to enable the student to think well and correctly, and so more easily to acquire the necessary amount of knowledge; and in this we must be guided by the laws of scientific education. These laws are founded on certain principles now more or less generally recognised as true. The first of these is, that those manifestations of the functions of the brain which we call the mind are as capable of being improved in quality and order by training as are our muscular movements, and that just as those wonderful coördinated movements involved in playing a complicated musical instrument can only be acquired by commencing with the simpler exercises and gradually increasing their complexity and variety, so in training the mind the course of education must proceed from the simple to the more complex subjects. Thus, in a scientific education, the study of the exact sciences must precede that of the inexact. Another principle of equal importance is that in estimating the value of a given subject we must take into account its influence in mental training, as well as its direct practical utility in the business of life. The material with which the teacher has to deal no doubt varies greatly. There are some few happy individuals possessed of true genius who can acquire knowledge even under great disadvantages, and whose minds are by nature accurate and logical, and for these systems of education are of but little importance. Of this class, perhaps, John Hunter formed the most conspicuous example. With the vast majority, however, a correct mode of observation and thought is only acquired by proper training. A man of ordinary intelligence but devoid of mental training possesses a mind liable to lead him into error in many ways. He is unable to observe any but the simplest facts correctly, and supposing facts of any complexity are placed before him he is unable to draw correct conclusions from them. Should he attempt to generalise he is almost certain to fall into the error of drawing general conclusions from insufficient data, and premature generalisation is worse than none at all. In the history of medicine innumerable instances of this fallacy in reasoning are to be met with, but I am afraid we need not go back to history to find examples. From the want of sound generalisation to consolidate his knowledge, the learning of such a man is composed to a great extent of isolated facts, and, consequently, unless he is blest with an exceptionally good memory, it must be somewhat limited in extent. Undue credulity, especially under the influence of educational or emotional bias, is another natural failing only to be corrected by proper mental training. The spirit of disbelief thus cultivated by scientific education is not perhaps an unmixed source of satisfaction, as it often leads us to demand evidence and to find it wanting, when we would gladly for our peace of mind be allowed to exercise a little faith. In reading the works of many of the writers of the last century, it is difficult not to envy their simple faith in the useless drugs with which they drenched their patients. Perhaps nothing, however, marks the difference between the trained and untrained mind more than the instinctive way in which the former turns immediately from an effect to think of and search for its cause, and as our only hope of ever raising medicine to a true science lies in our fully understanding the causes of the various diseases we are called upon to treat, the value of this effect of proper mental training can hardly be overrated. Lastly, in any proper system of education some attention must be paid to classification, so that the knowledge acquired may be methodically arranged and immediately ready for use when wanted. In no branch of knowledge is a mental training more needed than in medicine. In no science are the facts to be observed more numerous or more difficult of observation; in none is the plurality of causes and the intermixture of effects more marked, and upon the correctness of the conclusions we draw from our observation, depends frequently the health or even the life of a fellow creature.

The practical application of these principles is perhaps best exemplified by the course of education prescribed by the University of London for its medical degrees. This has remained practically unchanged for twenty-two years, and the influence of its example on other examining bodies has been productive of great improvements in medical education. The essential feature of the system is that, before commencing medical study proper, the student shall receive a thorough training in the allied sciences. Each of the subjects comprised in the preliminary scientific examination is supposed to possess some special influence in cultivating a correct habit of thought and observation, in addition to its direct value in the practice of medicine. Chemistry and physics illustrate in their simplest form the mode of arriving at truth by observation and experiment; they show the precautions necessary to avoid error, the mode of arriving at general laws, and the dangers of premature generalisation. They impress upon the mind the necessary relations of cause and effect, dealing as they do to a great extent with conditions in which the causes are few and their effects clearly defined.

Botany and zoology teach the student the art of observing details accurately, and train the mind in methodical arrangement and classification of facts; and, as Bain says, "to learn to classify is in itself an education." Zoology and comparative anatomy also form an excellent introduction to, and give broader views of, human anatomy, and the study of the simpler structures and functions of plants prepares the student for the more complex subjects of human histology and physiology. The direct practical utility of these subjects varies considerably. Without some knowledge of physics and chemistry it is impossible for any man to study or practise medicine intelligently. Botany, including as it does the study of the lowest forms of vegetable life, which take so prominent a place in the pathological theories of the present day, has some direct influence on medical practice; but its value in other respects is not what it was, when "every green thing from the cedar to the hyssop" was supposed to possess some medicinal virtue, and when the apothecary in remote country places frequently gathered and prepared for himself the herbs that formed the chief part of his materia medica.

For zoology and comparative anatomy it is, I am afraid, almost impossible to claim any great practical utility. The exact knowledge of the anatomy and life history of the various parasites that infest the human body has done something to enable us to prevent their attacks, but even in this respect it is far behind botany. If any subject had to be omitted from this part of a medical education, zoology and comparative anatomy would probably be generally considered the one. As a training in observation and classification it is not superior to botany. To teach it properly a museum and dissecting room are necessary, while botany can be taught very sufficiently without any such means. The time required for botany is less than that for comparative anatomy; the dissection of a plant takes only a few minutes, that of the simplest animal can scarcely take less than one hour, and often many hours of patient labour. It is not likely, therefore that zoology could ever be made a compulsory subject in an ordinary medical education, at the same time it would be a

most grievous error to exclude it from the subjects required for the higher qualifications.

A student who has been thus prepared by a short preliminary course of science, commences the study of the more special subjects of the medical curriculum with a mind trained to a proper habit of thought, and prepared to follow the inductive reasoning upon which medicine is founded. He is sufficiently trained in habits of observation to commence without difficulty the study of anatomy and histology, and his knowledge of chemistry and physics is sufficient to enable him to understand those parts of physiology to which these sciences are essential.

I need not follow further in detail the course of education according to this plan; the same system is followed to the end. The student does not commence to study the diseases of the body till he is familiar with its structure and functions in a state of health; and in studying disease he is encouraged to apply himself to medicine and surgery simultaneously, in order that he may learn that the same general principles apply to both, and that they are in fact merely branches of the same science. The fault of this system of education a few years ago was that it was too theoretical, and contained nothing in it to take the place of the practical instruction given so abundantly in the old system of apprenticeship. This has, however, of late years been corrected by the institution of practical classes and compulsory hospital appointments, and by teaching in the out-patients' room, until, at the present time, I am inclined to believe that the student gets quite as much practical instruction in every branch of his profession, except pharmacy, as he did under the old system.

Although the University of London, being unfettered by any previous system of education, was able thus to establish a scientific course of training according to the best theoretical principles, it has been otherwise with the corporations, and the consequence is that the education of the student whose object it is merely to obtain a licence is now conducted on principles which do not agree accurately either with the old empirical or the new scientific system, and consequently, he does not get the full advantage of either. The great majority of students in the present day begin medical study immediately after they leave school, having first passed one of the preliminary examinations conducted by one of the corporations or the College of Preceptors. This examination includes no science as a compulsory subject, except the rudiments of mathematics, which, although of course a useful training in methodical thought, is, as a purely deductive science, of comparatively little value as a preliminary training for medical study. A student, therefore, who has passed only the compulsory subjects, arrives at his medical school without any preliminary training in natural science. He finds then that he is expected to attend three classes during his first winter session—anatomy, physiology, and chemistry. One of the first things he will learn also is that, if he follows the course perhaps most commonly adopted, the first examination for which he will have to present himself is the primary at the College of Surgeons, and that this includes two subjects only—anatomy and physiology—and will not take place for two years. Upon these two subjects, therefore, he concentrates his attention, in but too many cases neglecting chemistry more or less completely; for I fear it may be said of but too many that the fear of examinations is the beginning of wisdom. In anatomy, with a mind totally untrained in accurate and minute observation, he begins by trying to learn the infinitude of details concerning the bones; and it is not to be wondered at if he finds it not only a difficult but a distasteful task. The study of descriptive anatomy, however, makes no demand upon any of the higher faculties of the mind, and, consequently, preliminary mental training is, as far as it is concerned, of comparatively little importance; and if the student will only give time and attention to it, he will almost certainly succeed in reaching the required standard of knowledge; although, perhaps, he will not master the subject as quickly and easily as if he had had some preliminary training in biological science.

Physiology being a subject full of fascination and interest, should naturally be very attractive to any student who takes real pleasure in his work; but, unfortunately, it consists in great part of the application of chemistry and physics to the study of life, and the ordinary student is at first ignorant of both these subjects; it is therefore impossible that he should gain more than a confused notion of what he tries to learn. From this point of view of mental training physiology, valuable as it is in its proper place, is perhaps the very worst of all subjects with which to commence a scientific education. It is not an independent and self-contained subject, nor has it as yet acquired, or is ever likely to acquire, a place amongst the exact sciences; and it is a rule of scientific education that some training in the exact sciences should precede the study of the inexact.

(To be concluded.)

Introductory Address

DELIVERED AT

ST. THOMAS'S HOSPITAL,

On the Opening of the Winter Session, October 2nd, 1882.

BY SEYMOUR J. SHARKEY, M.A., M.B. OXON.,

ASSISTANT-PHYSICIAN, JOINT LECTURER ON PATHOLOGY, AND DEMONSTRATOR OF MORBID ANATOMY AT THE HOSPITAL.

GENTLEMEN,—When I was requested by my colleagues to deliver the Introductory Address at the opening of the Winter Session of 1882, I had no little trouble in arriving at a conclusion as to the most appropriate subject for the occasion. It did not appear to me that anyone occupying the position which I do to-day, and filling the office of teacher in one department only of medical science, was peculiarly fitted to advise students in detail as to the best method for them to pursue in all the branches of their future study. Far more valuable advice would come from each teacher in his own department. Nor did I think that the social and moral difficulties which students are likely to encounter in their career would be lightened most effectually by counsel given *ex cathedrâ*. Such subjects are better adapted for private conference among friends, as occasion may arise. Questions of great public interest, such as the anti-vaccination and anti-vivisection movements, would have afforded fitting topics for consideration, had they not already been so thoroughly threshed out and their absurdities exposed by men of far greater ability and holding far more prominent positions in the profession than I. But it did appear to me that an attempt to point out some of the most striking characteristics of modern medicine might be of service not only to those who are on the point of commencing their medical education, but to those also who have already accomplished a portion of it. For it must not be supposed that the science and practice of medicine at the present time, with all their imperfections, are such as they were in the student days of many a man now living; or that the knowledge in some subjects which the merest tyro now possesses was within the reach of even the greatest masters of our art so lately as half a century ago. No, medicine, like other sciences, though a plant of gradual growth, has passed through the greatest vicissitudes. From time to time it has burst into bloom, warmed by the glow of some enthusiastic genius, and then again it has languished almost to extinction under the withering influences of unscientific culture or neglect. Age after age passed away before it entered upon its present period of uninterrupted growth.

In the earliest times of which we have any record, when the priests were the repositories of all knowledge, real or pretended, medicine also, such as it was, formed a portion of their craft. The gods were supposed to be the originators of all good and evil among men, to reward them with health and to plague them with disease; and the priests were the intermediators. Left in their hands, the practice of medicine grew rank with ignorance, superstition, and imposture. So absurd a position did the art occupy in ancient times, that among the therapeutic agents quoted by a writer are "an hexameter from the 'Iliad' to allay the gout, and a verse of 'Lamentations' to cure the rheumatism."

The medicine of those early days was productive of but little which could materially assist in its future development, except the votive tablets which were hung by grateful patients in the temples of the deities, and which contained

a rough record of symptoms, and of the means adopted for their cure. But amid this utter darkness there appeared a man whose genius shed the dawning light of truth upon the science of medicine—a light which has ever been, and ever will be, the guiding star to new discoveries, but which for generations shone only with fitful gleams through the haze of ever-changing theories. Accurate observation of facts, and correct generalisations from them, form, as Hippocrates asserted, the only rational basis of medicine. And although this principle is so universally accepted at the present day that it may appear almost unnecessary to refer to it, still to discover it for the first time amid the mysteries and superstitions of early days required the keen penetration of a genius. Wherever in the history of medicine the Hippocratean method has been pursued, there true knowledge has increased; and where it has been laid aside and other methods substituted, stagnation or untruths have invariably prevailed.

But Hippocrates was too philosophical to reject all theory and to rely only upon the results of experience, as did the pure empirics. His guiding principle was a rational empiricism, which meant the results of experience accompanied by theories which rested on a basis of carefully observed facts. These tenets of the "father of medicine" must ever remain the keystone of all true advances in science. Theories have, however, often proved the will-o'-the-wisps of medicine, leading those who followed them into bogs and quagmires without end. But such delusive theories have not been those formed upon legitimate data, but mere products of the imagination, to suit which facts have been warped in the most ingenious ways. Founded upon a reasonable basis, they are the most potent aids in the advancement of knowledge. They lead to accurate observation, classification, and comparison of facts, and they open up fresh and fruitful paths of inquiry. In theories we embody our ideas of causation and of the links which bind phenomena together, and we challenge our fellow-workers to test their reliability by the constantly increasing weight of experience.

But even if the successors of Hippocrates had rigidly followed his scientific method, they must still have made but tardy advances in medicine. For the progress of science demands not only the application of proper methods, but their application in the right direction. How would chemistry have fared if only the compound substances had been studied and no attempt had been made to analyse them into their elements? And so long as anatomy was neglected, as it was in the time of Hippocrates, and medicine consisted merely in the study of the complex symptoms of disease, so long had our art to wait for any great development.

Accurate and admirable observations were accumulated on the natural history of many diseases and on some methods of treatment by able practical men; but medicine cannot be considered to have entered upon its career as a science until men's minds became keenly alive to the importance of the study of anatomy, and until the superstitions and restraints which prevented them from pursuing it were finally removed. Although human anatomy had been worked at now and again before the sixteenth century, it was not till then that it received that constant attention which has ever since been directed to it. The mere mention of such names as Fallopius, Vesalius, Sylvius, Eustachius, and many others, will touch a chord, I hope, not yet altogether lost to most of us, and will indicate the strides which must then have been made in that branch of knowledge which is the foundation of our science.

The next step in development was one which might naturally have been expected to follow close upon the study of structure, and that was the study of function, or physiology. We may almost consider the latter science to have had its brilliant commencement in the discovery by William Harvey of the most vital and all-pervading function of the economy—the circulation. But although the anatomy and physiology of the healthy body made considerable progress, their necessary application to the study of disease was by no means so quickly perceived. For a long time the grossest absurdities disgraced the practice of medicine. As an instance of them may be given the "Sympathetic Powder" of Sir Kenelm Digby, Kt., of Montpellier, which even in the sixteenth century had a great reputation. If anyone had received a dangerous wound this potent remedy was applied, not to the wound, but to the weapon which had inflicted it, and the weapon was dressed with ointment two or three times a day. Sir Walter Scott thus refers to this practice in the "Lay of the Last Minstrel."

> "She drew the splinter from the wound,
> And with a charm she stanched the blood,
> She bade the gash be cleansed and bound:
> No longer by his couch she stood:
> But she has ta'en the broken lance,
> And washed it from the clotted gore,
> And salved the splinter o'er and o'er.
> William of Deloraine, in trance,
> Whene'er she turned it round and round,
> Twisted as if she galled his wound.
> Then to her maidens she did say,
> That he should be whole man and sound."

Discovery followed discovery in anatomy and physiology owing to the interest in them which now prevailed, and the unflagging energy with which they were studied. Nor did the grosser changes of structure, which occur in the various organs in disease, elude the observers of those days. And when it was recognised that the specific functions of individual organs depended on their structure, and that both function and structure were altered in disease, the foundation of modern pathology and of the classification of diseases according to their anatomical characters was firmly laid. But the discovery, which of all others has contributed the most magnificent results to anatomy, physiology, and pathology, and which gave birth to modern histology, was the discovery of the cell by Schwann. For it was subsequently found that the ovum itself was a cell, and that all the organs and tissues of the body were formed by aggregations of these microscopical structures, which assumed a variety of shapes, and were the direct descendants of the original germ-cell. Here, then, one had suddenly discovered the anatomical unit of the organism. It was seen, too, that the physiological changes which constitute the functions of each organ must of necessity be due to the sum of the changes going on in the cellular units of which it is composed. And more than this, it was found that the gross naked-eye changes which are discoverable in the organs after death, and which are accompanied during life by the altered functions of disease, are attributable to certain definite changes in the structure of the individual cells. This gave rise to the cellular pathology of Virchow. Thus, owing to one simple discovery, the whole aspect of medical science was completely altered. Not only were the realms of physiology and pathology suddenly extended into the untrodden regions of the microscope, and the accurate descriptions of morbid processes which we now possess rendered possible; but it likewise became evident that the phenomena which occur in health and disease could no longer be considered as separate. The physiological changes characteristic of normal and the pathological changes which produced abnormal function occurred alike within the circumference of the cell, and the alterations were so gradual that there was no clearly defined limit between health and disease. Physiology and pathology must henceforth be one.

Meanwhile the sciences of chemistry and physics have made enormous strides, and have necessitated great modifications in our views of physiology. Their application under the terms vital chemistry and vital physics to the phenomena of living beings has rendered it probable that all physiological processes consist of physical and chemical changes which will have to be expressed in terms of these sciences.

And now, gentlemen, if I were asked what is the great characteristic of modern medicine, I should say that it consisted in the union of anatomy, physiology, chemistry, physics, and pathology to form the compound science of medicine, and in the clear appreciation of their necessary interdependence.

There was a time, and that not so long ago, when most of these subjects were thought to have but little to do with the actual practice of our art; when physiology and pathology were talked of rather as subjects to be mastered by a few learned professors, to be more or less familiar to a certain number of leading practitioners, and to be all but ignored by the great mass of the profession. But things are so no longer. A knowledge of disease can only be acquired after one has become familiar with the phenomena of health. Take as an instance the diseases of the spinal cord. It is only within the last few years that we have arrived at anything like precise knowledge of the affections of the central nervous system. But now a great variety of diseases are known, which affect certain definite regions, are accompanied by well-defined characteristic symptoms, last different periods of time, end some in recovery, some in death, some in a slowly but surely increasing incapacity. It would be quite

impossible for anyone to examine a series of patients affected with these diseases, to diagnose the nature and site of the lesion, to give the probabilities as to its course, and appropriate advice and treatment, unless he were familiar not only with the pathology, but also with the anatomy and physiology of the spinal cord.

Disease is not, as was once supposed, something quite apart from and having no connexion with the body in a state of health. It is simply a modification, at first slight, then perhaps increasing in the structural units of the healthy organism, accompanied by a temporary or permanent alteration of their function. And with this structure and function, both in health and in disease, it is necessary for the medical man to be acquainted.

But, it may be asked, is it a well-ascertained law that the brains of medical students increase in direct proportion to the increase of medical knowledge? My own personal experience would lead me to have the gravest doubts about the truth of this proposition. And if no such law exists, what limit is to be put to the demand for increasing knowledge at examinations? For it is beyond dispute that medical students are required now-a-days to cover a far larger field than formerly, and there is every probability that the field will grow still larger. This would not be so serious a question if the knowledge, however small, which becomes the permanent possession of the student, were really as sound as the trouble he has spent in acquiring it gives him a right to expect that it shall be. He may perhaps forgive those who control his education for the necessity they put him under of erecting temporary fortifications of unreal knowledge against the assaults of examiners. But he may be excused for complaining if, after he is safely through, his possessions prove as flimsy as his defences. And yet this is frequently the case. The student's energy has been spent in cramming the largest possible amount of information into his unwilling brain; and the latter hurriedly rejects it as soon as the pressure is removed. And what of the remnant that is left? It is too often a mass of undigested and disconnected facts.

Instead of constantly using his knowledge of anatomy and physiology to elucidate the phenomena of disease, the student enters upon his clinical studies as if he were commencing something entirely new, something upon which his previous training has but little bearing. The reason of this anomaly is, that throughout his career he is working at so high a pressure with a view to cover sufficient ground and accumulate the requisite number of facts, that he has no time to think quietly of the dependence of one part of his education upon the knowledge which he has acquired during another. In short, from the period at which students enter upon the practical clinical portion of their studies, they drop, in a large percentage of cases, their anatomy and physiology. It seems to me that the time will shortly come when an attempt must be made to rectify this error, and when the amount of detailed knowledge required at examinations must be lessened. Some method of selection of the more fixed and certain facts in science will have to be adopted, and the student will then have a chance of mastering these in a thoughtful and intelligent way; and, appreciating their importance in the practical work of his profession, he will have a wish to extend his scientific knowledge gradually in future years.

But to return from this digression to the immediate subject of the address—the characteristics of modern medicine. What has been the effect of the rapid progress of scientific knowledge on the actual practice of our art? The increasing accuracy of our knowledge of the normal tissues, and of the structure of the various organs into the composition of which they enter, has led to a more minute comparison of them in health and in disease. As a result of this, we have been able to differentiate with greater and greater clearness morbid conditions which are confined either to some tissues extending over considerable tracts of the body, or to some particular organ. Hence one of the most striking characteristics of modern medicine is the localisation of disease. Nor have we contented ourselves merely with post-mortem localisation of pathological changes, but unremitting efforts have been made to recognise their exact position during life. Hence the wonderful improvements which have been effected in the physical examination of patients. What a flood of light Laennec threw upon the obscure regions of the chest; so that diseases which we either had no conception of before his time, or which at any rate we were utterly incapable of detecting by the bedside, now come within the grasp of physical examination. Invention after invention has followed. The ophthalmoscope, the laryngoscope, the thermometer, and a number of other instruments, by their application to the detection during life of conditions which had previously been observed only in the post-mortem room, or by the suggestions which they have offered for further pathological researches, have been of incalculable service to medicine.

The medical man now-a-days is expected to ascertain definitely in what organs of his patient disease is situated. Nor is it even thought a very satisfactory, or scientific, diagnosis to state broadly that a person is suffering from disease of the heart, lungs, kidneys, &c. He must explain what the nature of the morbid changes is, and what the position which they occupy; and being clear on this matter, he is more likely to be able to say what the cause of the malady is, and to predict its future course. This predicting the future course of disease, or prognosis, which depends partly upon an accurate diagnosis, partly upon an intimate knowledge of the natural history of disease, and partly upon a certain shrewd estimation of individual peculiarities and conditions, and of their probable modifying influence in each case, is one of the most searching tests of a man's ability and of that kind of skill which, except in rare instances, results only from ripe experience. To the public, who are our patients, it is evidently of vast importance, as it not only enables us to estimate within certain limits the longevity of our clients, but also to warn them against baneful influences, and to give them sound advice in many important domestic and social matters.

But however essential prognosis may be for the welfare of patients, the great test of the efficacy of our art naturally lies in the results of treatment. What can be said of this? Have improvements in the treatment of disease kept pace with the advances in pathology and in diagnosis? This is a question often asked and often answered most decidedly in the negative. It seems to me, however, that this is hardly a fair conclusion, and that it depends upon an erroneous view of the matter. For a long time in the history of medicine, treatment other than dietetic and hygienic consisted in giving drugs with a view to removing certain morbid symptoms, the results of diseases not then discovered; and as disease was looked upon as an entity superadded to the economy, it was natural to search for something which would counteract this hidden enemy. Consequently the chief anxiety was to discover so-called "specifics," and this went so far that the greatest activity was shown in searching for the "elixir vitæ," or something which would stave off even death. But as pathology advanced, and the diseases which caused the symptoms were found to be localised in certain organs and tissues, producing in a large number of instances their irreparable destruction or alteration, and very often a slow substitution of some morbid product in their place, it became evident that the hope of finding specifics for such affections must be chimerical. What specific, for instance, can we ever expect to find for granular kidney, for valvular disease of the heart, for degeneration of arteries, for advanced cirrhosis of the liver, and for many other conditions too numerous to mention? But the discovery that there can be no specific cures for such diseases is not a retrogression in medicine, but a most distinct advance, and has led to far more effectual methods of treatment than existed in former times. It may be convenient for the moment to divide diseases into—

1. Acute specific diseases, many of which follow a more or less definite course when left to themselves.

2. Acute and chronic non-specific diseases, which are accompanied by definite structural changes in organs.

3. So-called "functional" diseases, which produce much suffering, and indicate their presence by the most varied symptoms, but which do not depend on changes of structure, which reveal themselves to our present methods of investigation.

As regards the acute specific diseases, there is not at the present time, nor has there ever been, any method of curing them. Left to themselves, by far the greater number of patients recover; and this fact, together with their varying intensity in different individuals, as well as in different epidemics, has given ample opportunities to discoverers of supposed specifics. If these maladies depend upon the introduction into the body of certain poisons or lower organisms, there is no reason why antidotes may not some day be discovered. It seems more probable, however, from recent investigations, that our hopes must lie rather in some

method of vaccination as a preventive, than in the administration of drugs as antidotes. That we must not, however, despair of the latter possibility is shown by the effects of quinine in ague, and of salicylic acid in rheumatism. But even in our present comparatively helpless condition in the face of most of the acute diseases, the plan of simply dieting the patients, and placing them in favourable hygienic conditions, and only interfering with reluctance to relieve some distressing symptoms, or to counteract some disastrous complication, is far more effectual for good than the heroic bleedings and antiphlogistic treatment of former days.

For the second class of affections—those, namely, which consist of definite structural changes in organs,—we cannot expect to find specific remedies. It was only the ignorance that such morbid changes existed, and were the origin of the symptoms which presented themselves, that led men to harbour such groundless hopes. But are we in a worse condition now than we were then? Quite the contrary. Our present knowledge of physiology teaches us that health consists in a certain equilibrium, more or less stable in different individuals, which depends upon the regular, unobtrusive, and coördinated working of all our organs. The activity of the latter varies constantly within certain limits. The heart, for instance, beats more rapidly and energetically, and respirations are more frequent, during physical exertion than during repose. The kidneys act more vigorously in a cold atmosphere; the skin in a warm. If one of these organs is diseased, the guide to treatment is mainly a consideration of the physiological or healthy state, and our object in chronic affections should be to re-establish an equilibrium, as far as is possible, even though it be necessarily less stable than the normal one. Take, for example, a case of dropsy dependent upon an incompetence of the mitral valve. Here the slowing and obstruction in the circulation, and the consequent exudation of serum, are due to the heart's failure from the extra work thrown upon it and the wrong direction which is given to the blood. Now we know that in health the heart's work is diminished by a good many beats in the minute, and the circulation made easier, by assuming the recumbent position; we know too that digitalis is a drug which increases the force and regularity of the cardiac beat, and diminishes the number of pulsations, and consequently acts beneficially where the heart is beating rapidly, feebly, and irregularly. The patient is therefore ordered to bed and given digitalis. He loses his dropsy and appears to be cured. The physician, however, knows well that the disease remains as before, and that the extra work thrown upon the heart by the same amount of exercise which would be harmless to a healthy man, would again bring on dropsy in his patient. But the latter may often lead for a long time a comfortable existence, if he recognises the fact that his condition of health is less stable than it used to be, and if he acts upon the advice of his medical attendant. And so it is with a great many chronic diseases. We have no specifics which will cure them, but we have a knowledge of physiology and pathology which is far better than drugs, and which may enable our patients to live more at ease, though on a lower level of health, so to say, than they could possibly do if we substituted drugs for physiological rules of life. The two should be combined, but less prominence must be given than of old to the contents of the Pharmacopœia. We have then, it seems to me, made great strides in the treatment of chronic diseases in modern times, though our methods do not always appeal to the feelings of the public in the same way as if we dosed them with medicines.

In the third category of diseases referred to above—viz., those which are accompanied by no tangible structural alterations—physiological rules of life, especially as regards dietetics and hygiene, are still more efficacious than in the class of maladies we have just been considering; and we can often do much by drugs and other means as well.

(To be concluded.)

ON the 28th ult. the Rodgett Infirmary, in connexion with the Royal Albert Asylum at Lancaster, was opened by Lord Lathom, and was accepted by the Earl of Bective on behalf of the central committee. The building, which has been erected in the grounds of the institution, at a cost of £4000, is the gift of Mr. Edward Rodgett, of Darwen's Bank, Preston. Mrs. Rodgett furnished one half of the building.

THE CUTANEOUS DISEASES OF CHILDREN.[1]

BY DR. ROBERT J. LEE, F.R.C.P.

IN looking over the records of cases of cutaneous disease in children which have come under my observation during the past ten years, it seemed possible to analyse and condense them into such a form as to make the results of interest and value to the members of this Society. The total number I have seen of such cases in the course of each year has been on the average two hundred, sometimes more and sometimes less. I doubt so much whether we should gain any very practical knowledge from a statistical analysis of them that I have determined to present only very general conclusions of this kind to consideration, and to reserve a full statement for another occasion. For a somewhat similar reason it appeared to me well not to dwell on those rarer forms of disease which from time to time have come under notice, for I have seldom found that what are termed "unique cases" in this class of disease leave much matter for thought or prompt to new inquiry. They stand alone like curious specimens in a museum, peculiar and attractive on account of their rarity. Perhaps one of the most interesting subjects which can engage attention in the study of the diseases of children in all their forms is the extent to which age and age alone appears to exert an influence in determining the characters of morbid action, that is to say, in producing a distinct difference between typical characters as they appear in early and adult life.

The questions, then, which we may endeavour to answer are these: In what respects do the usual forms of cutaneous disease present peculiar characters in infants and children? The second question: In what ratio do certain forms occur more or less frequently in children than in adults? The third: What explanation can reasonably be offered for these differences? And fourthly: In what way must our treatment be altered to suit them? Now, there are certain forms of cutaneous disease peculiar to children. There is one form extremely common, but it is not a very definite one. It is that which we see so frequently affecting the head, forehead, and face of infants, the back of the ears, and generally the tissues of the head, face, and neck. We must not attempt to name it by any of the ordinary names, for this reason, that its characters are too general to answer to the accurate definitions of dermatology. It shows a feeble apprehension of the true spirit in which we should regard the subject of skin diseases to try to find a name for every case we see. It is difficult, I know, to liberate our minds from the force of habit, at the same time we must not fancy that to find a name and a place for a disease is really of much importance towards the scientific knowledge of its nature and treatment. We may take a single term to include all the varieties of this common disorder of the skin—the term dermatitis; that is a term analogous to those we use in the case of inflammation of other organs and parts of the body, as, for example, bronchitis, peritonitis, &c. Dermatitis of the head, the face, and the body is the commonest cutaneous disease of children. In the year 1879, in a total of all forms of skin disease in my hospital practice, of 197 there were 129 cases of dermatitis of the kind referred to. Last year, in a total of 200 cases, there were also 129 cases of dermatitis, or rather more than 63 per cent.; and so in other years. I find much the same ratio obtaining. Dermatitis of the scalp in the child includes eczema and impetigo in all their forms and combinations. We may define any particular case if we please by some pathological addition—such as serous or purulent, scaly or epithelial, tubercular, and so on. No one can object to this, because it is an accurate mode of description. It is clear that the cutaneous diseases of children do not resemble those of adults in regard to the 63 per cent. of cases of ordinary dermatitis. If, however, we analyse the 37 per cent. remaining, we find that these include forms more or less common to all periods of life.

It may be urged that this dermatitis occurs in grown-up persons; at least that we cannot tell the difference between it in children and adults. This is not the case, whatever may be said to the contrary. Adults are not liable to the same tendency to inflammation of the scalp and neighbouring parts as young children. In the ordinary practice of a

[1] Read at the Medical Society of London, Nov. 17th, 1881.

hospital for children, more than 10 per cent. of the total number of cases are suffering from some form of cutaneous disease. This alone shows how commonly the skin is affected in early life. It is clear, then, that one of the first points to which attention would naturally be directed is the causes of dermatitis—its nature, course, and treatment. The 37 per cent. of other cases would be found to contain examples of tinea tonsurans, herpes in different parts of the body, congenital diseases of the skin—which, by-the-by, have a singular relation to the condition of maternal health during pregnancy,—a large number of cases of syphilis, a few of scabies, of scrofulous or tubercular disease, and some very rare forms which I shall purposely exclude. Lately the relation of dermatitis to vaccination has been receiving some attention.

A few years ago I ventured to suggest what appeared to be the probable connexion between vaccination and the skin disease which so often follows it. Dermatitis of the head or face may follow any local sore, whether on the head, face, or any other part. I mean to say we may take it as a fact that if the skin of a young child is inflamed at any point—as, for example, by the application of caustic in the treatment of nævus, by an injury or fall, but most commonly by vaccination—if the skin at that point and around becomes inflamed, from want of care, cleanliness, or other cause, then some other part, generally the head and face, may become affected. The same thing happens often after chicken-pox, herpes, measles, and some other maladies.

Now, I could well occupy an hour in discussing the question what is the connexion between the first local sore and the secondary disorder. It would not be right to infer that every case of dermatitis must have arisen from a local cause, at least there is no evidence that such is the case, but it is quite true that when a woman asserts that the skin complaint followed vaccination we are wrong if we deny the connexion. The question of difficulty to decide is this, Does the dermatitis of the scalp or face arise from a nervous irritation of the skin, or is it due to the absorption of some morbid material developed in the primary seat of inflammation, and arrested in the tissues of the skin, which are affected much in the same way that joints are affected in gout or pyæmia? I am quite certain that the dermatitis is not due in these cases to an external cause—that is to say, not to infection by contact, not to the transference of matter from the local sore to the head or face. Lately Mr. Hutchinson has given some attention to this subject, but I do not feel satisfied with the explanation he offers. He is speaking of dermatitis when it follows varicella, variola, or any exanthem as measles, "which, he says," "possesses the power in exceptional cases of making the skin irritable, and thus laying the foundation for long-continued and most troublesome conditions of prurigo." You perceive that we want either a physiological or a pathological explanation, which is not provided by saying that the skin is made irritable unless the reason for such irritation be given. I am inclined, after most careful consideration, to the view that dermatitis, when secondary, is due to absorption of some product of inflammation as yet unknown. I would even go further than this, and express the belief that all cases of dermatitis are due to a similar cause—that is to say, that strophulus, ecthyma, eczema, and impetigo, all occurring in the same child, as they do, in different parts of the body, are due to the presence of particles in the blood which excite cutaneous inflammation. I advance this view very much for the sake of discussion, though I may say it is the result of the observation of many hundred cases and careful thought. It has certainly had the effect of making the study of cutaneous diseases more interesting than otherwise they would be; and not only this, but it has led to very satisfactory results in the best test of its value—that is, in the practical treatment of this important class of disease in children.

Let me say here that the subject of cutaneous diseases had a great interest for me when in Paris, fifteen years ago, from the fact that it was the opinion of Professor Hardy, the distinguished dermatologist and physician, that English physicians were in darkness as to skin diseases. I certainly formed the impression, when acquainted with Professor Hardy's views, and the scientific method which he pursued in his observations, that he was not far wrong. He makes, however, the statement in his published lecture that eczema, psoriasis and others of the same class, are diathetic, much as gout, rheumatism, and some other diseases are hereditary, or at least to some extent dependent on hereditary influences. So far as children are concerned this statement is not correct, though it is a curious fact that a certain number of children, not many, have dermatitis in a somewhat different form when there is hereditary tendency—that is to say, in about 2 per cent. of cases of dermatitis of the head and face, the disease is more obstinate, more irritable, and more severe; and then we find there is a history of family tendency to cutaneous disease. It is not necessary to point out the practical use of this knowledge in the treatment of such cases beyond saying that to these the ordinary rules of treatment of eczema and others of the class may be applied, whereas in ordinary dermatitis no such treatment is required. Dermatitis in its common form in children is not the eczema of dermatologists, nor impetigo, nor any offspring of theirs, but a simple inflammation of the skin of a more or less transitory nature, variety of degree, and frequently of uncertain origin.

It will be asked, Are we to regard strophulus, ecthyma, eczema, and impetigo, the four common names given to dermatitis in its various forms, as due generally to a local cause where a morbid product has been absorbed—that is to say, for example, whether in the process of dentition, in derangement of the digestive organs, as well as in some spot in the skin itself, are we to look for the local origin of the dermatitis which so frequently affects children? I would ask that this view may be considered impartially, and tested by past and future experience. It may be proper to be prepared with some reason for the fact that adults do not suffer in the same way as children in respect to the frequency with which the skin is affected. This is a difficult question, and may be submitted to dermatologists for an explanation. It is sufficient for me to observe simply the frequent connexion between dermatitis and some previous disturbance of the system of a young child, and so to look beyond the local treatment of the skin, although that is of the utmost importance, and endeavour to ascertain the primary cause of the dermatitis. This view indicates a very different system of treatment of dermatitis in young children from that which is required for the eczema of adults.

Let me now make a few remarks on the 37 per cent. of cases I have mentioned. We might take every form of cutaneous disease, and we should find that in the child or infant it is somewhat different from what we see in adults. For example, this is observed of herpes zoster, which occurs in from 3 to 3½ per cent. of all cases of cutaneous disease in children. Herpes does not so frequently affect the abdomino-dorsal region in children as in adults. We meet with it in relation with most of the important nerves of the face, head, trunk, and the humeral and femoral regions. Herpes is not so serious an affection in children, and often produces little, if any, constitutional disturbance, or apparently much local pain. It has occurred to me to think that sometimes herpes is suppressed, and certainly I have seen instances where the vesicles were apparently arrested, and only faint indications seen of a change in the skin where the pain was located. Probably the same thing has been observed in adults, though I do not recall any special notice of it. During the five years from 1875 to 1880 inclusive thirty-three cases of herpes passed under my observation in hospital practice, of which only six were cases of herpes zoster—that is to say, were abdomino-dorsal in the seat of eruption. In the other cases, the face, forehead, arm, coccyx, or thigh was the part affected. We hardly find an explanation of this liability to herpes occurring in various parts in the supposition that the nervous system of young children is more sensitive than that of adults; and as I see no satisfactory reason for this difference, it will be better not to hazard any theories upon it.

The syphilitic cutaneous cases occur in the ratio of about 5 per cent. of all cutaneous cases, and the chief point of interest seems to me to be the relation which exists between the particular form of eruption and the history of the case. By proper management, I was enabled to obtain from both parents in many cases a succinct account of their history previous and subsequent to marriage, and thus to determine how far the condition of the child depended upon that of the parents. For instance, the form of eruption on the child, when marriage had occurred within twelve months of infection in the father, was very different from that where two or more years had elapsed between infection and marriage. I am speaking now, of course, of the first child. Within certain limits it seems possible to predict from the state of the child what was the history of the parents. That, at least, is the impression produced on my mind by the careful study of this subject, and after having

obtained the history of more than twenty families, the number of whose children born dead and alive was above sixty. Very many interesting and important details I am obliged to refrain from mentioning on this occasion, in regard to the subject of family syphilis, as they do not bear directly on the subject of the cutaneous diseases of children. At one time this subject seemed a hopless one, for syphilis is not like variola, scarlatina, and that class of maladies, so that analogy rather misleads than assists. To take an example: The second child is brought for treatment; its age is between two months and six months. The first child, we are told, died soon after birth, and had symptoms of well-marked syphilis. In the second child we notice that the surface and deeper tissues of the skin are affected, the nasal and oral orifices are cracked, the skin of the nates is sore or ulcerated, and we are inclined to dismiss the case without a question. Compare this with a case of condyloma in a child over twelve months old; or one of softened gummata which have become furuncles, bluish, painless, soft boils, generally on the thighs or buttocks, and full of thick creamy pus. The family history of these two cases will be quite different. In the first the infection of the father is almost certain to be recent, and the mother will have suffered. In the latter, years will probably have elapsed since the father's infection, and the mother will be free from any trace of disease. These are typical cases. Between these cases, however, such varieties are met with as to make artificial classification of but little assistance in the study of this class of disease. The treatment of syphilitic dermatitis, as I have been accustomed to call the common form of infantile syphilis first described, as well as of the softened gummata and furuncles, is so simple and well known that it requires no remark.

Of the cases which remain there were about 6 per cent. of tinca tonsurans; sixty-four of these, which occurred during the years 1875 to 1880, were treated on the principles advanced in a short communication to the *British Medical Journal* (1877, p. 74). The principle rested on the ordinary laws which preside over the development of spores like the trichophyton, which may be destroyed by many agents when fully developed, but in the early stage resist their action. Further, that the value of the agents employed depends on their specific action as germicides, and not on their irritant properties, which inflame the cutaneous tissues. So that the method and frequency of application are the chief points to attend to, particularly in hospital practice, where cases are seen only once a week. The cases now remaining of any interest are too few to be considered in classes, and on account of their special peculiarity of character need not be referred to at the present time.

SEVERE INJURY TO PELVIS AND RIGHT KIDNEY, AND SUPRA-RENAL CAPSULE.

BY HARRY LUPTON, L.R.C.P. LOND., &c.,
SURGEON TO THE STRATFORD-ON-AVON INFIRMARY.

THOMAS W——, aged sixty-nine, was admitted into the Stratford-on-Avon Infirmary on the 4th of August last, about 6 P.M. He stated that when in charge of a timber waggon, loaded to some three tons, he was overtaken by the front wheel which caught his boot, threw him down on his back, and passing between his legs went over his pelvis, and passed over his body above the left ilium. The accident had occurred some three hours prior to admission, about five miles out of town.

On admission he was suffering severely from shock; pulse was small and weak, extremities cold, and he was bathed in a cold sweat. Chief pain referred to ramus of left pubic bone. He was put to bed, hot bottles applied to the feet, and hot blankets to the abdomen. A little brandy and milk was given him, which was shortly rejected, together with some fragments of bacon and blood-stained fluid. The sickness persisted till about 5 A.M. on the 5th. The vomit consisted of dark bloody fluid, in quantities of a tablespoonful or so each time. The patient stated that he had passed urine about an hour before the accident. He had had no desire to pass urine since. An attempt to pass a catheter failed, the instrument being palpably deflected to the left on reaching the membranous portion. No history of prior stricture or urinary trouble. Ordered small pieces of ice to suck. At 8.30 P.M. my colleague, Mr. Nason (senior surgeon to the infirmary), kindly saw him in consultation with me. There had been no effort or desire to pass urine. An endeavour to pass a catheter was made both by Mr. Nason and myself, with a similar result to the former attempt. The instrument passed no farther than the membranous portion, when it was palpably deflected to the left. To continue treatment with small quantities of brandy and milk and beef-tea. The patient had rallied considerably since admission.

On the 5th he was seen again at 10 A.M. by Dr. Kingsley (physician to the infirmary), Mr. Nason, and myself. Condition much the same; no attempt or desire to pass urine; no evidence of distended bladder or of extravasation of urine; but considerable distension of scrotum from effused blood, evidently the result of the bruising. At 3 P.M. seen again by Dr. Kingsley and myself. Some increase of scrotal effusion; no evidence of distended bladder. With the concurrence of Dr. Kingsley I aspirated above the arch of the pubic area of dulness limited to some two inches above this bone; no result. At 8 30 P.M. again visited by Dr. Kingsley, Mr. Nason, and myself. Symptoms, area of dulness, &c., unchanged. Scrotal swelling increased; but evidently no urinary infiltration. Total absence of red, brawny, inflammatory swelling, &c. Query—Had he total suppression of urine? But the characteristic symptoms of this grave condition were wanting. No odour of breath; no coma, &c.

No alteration of symptoms took place till August 6th, at 8.30 P.M., when the scrotal swelling having much increased, it was punctured in a number of places with a flat double-edged needle. A considerable amount of blood-stained serum drained from these punctures, but which was markedly free from the slightest urinary odour; though there was no increase of supra-pubic dulness. It was considered advisable to again aspirate down the pubes, as it was now some eight-and-forty hours since any urine had been voided, and all attempts to pass any instrument into the bladder failed as formerly. A small quantity of blood-stained serum was obtained as the needle passed into the subcutaneous cellular tissue, and again from the abdominal cavity, but this fluid was also markedly free from any odour of urine. General condition worse; pulse small, rapid, and weak; skin cold; temperature slightly below normal; perfectly conscious; no urinary odour of breath; no coma; no abdominal tenderness or evidence of peritonitis manifested all through, but hiccough at intervals since 6.30 P.M.

On Aug. 7th, about 3.30 A.M., sickness recommenced, and at 5 A.M. he died.

I had omitted to state that fæces passed involuntarily and without the patient's knowledge on the 4th, 5th, and 6th. Examination per rectum merely revealed the fact that there was no distended bladder beyond the prostate. It was thought by Mr. Nason and myself that the pubic arch was incomplete, but on this point we were not certain.

An examination of the body was made on Aug. 9th at 11 A.M., fifty-four hours after death, in which I was kindly assisted by Dr. Kingsley and my partner Mr. Gairdner, Mr. Nason being unavoidably absent. On opening the abdomen it was seen that there was absolutely no trace of peritonitis. The peritoneum was healthy, saving a little staining and bruising of some coils of small intestine in the left iliac region. Below the vesical fold of peritoneum was a collection of serous fluid, perhaps six ounces, distinctly not urine, and free from the slightest urinary odour. The pubic bones were separated (not fractured) at the symphysis, and gaped something like two and half inches apart. The only portion of the wall of the bladder remaining was a portion of the posterior wall, before and above the prostate, about two inches and a half square. The whole of the fundus and anterior wall of the bladder had simply "gone." It was destroyed, disintegrated. The very prostate itself had evidently undergone crushing, yet the peritoneal fold was uninjured and healthy. A sound introduced per urethram passed, somewhat to my discomfiture, with ease into the space where was once the bladder, and there was no rupture of the urethra. The left kidney was uninjured and normal, but the right kidney was deeply bruised at its upper end, and its supra-renal body crushed and torn. Evidently the man must have been mistaken as to the direction taken by the wheel.

Remarks.—The case appears to me to be one full of interest. The gravity of the injuries sustained, and the absence of such symptoms as one would anticipate, I take to

be very unusual. Separation of the pubic bones without fracture at the patient's age, sixty-nine, must be rare. I think I may take it that the patient had total suppression of urine. But the usual symptoms were absent. Absence of peritonitis in such a case must be unusual. Whether the shock, combined with the injury to one kidney and suprarenal body, be sufficient to account for total suppression of urine, I must leave for abler pathologists to determine. I should state that the right kidney, in addition to the injuries, contained on its lower aspect an ancient cyst lined with an old inflammatory membrane, of about the capacity of a middle-sized walnut.

Stratford-on-Avon.

A SUCCESSFUL CASE OF
NEPHROTOMY AND NEPHRECTOMY FOR SCROFULOUS PYELITIS.

BY GEORGE ELDER, M.D.,
SURGEON TO THE HOSPITAL FOR WOMEN, NOTTINGHAM.

MRS. W——, aged thirty-six years, was admitted into the hospital under my care on April 29th, 1882, with a large fluctuating abdominal tumour. There was no family history of phthisis, and the patient, who was a multipara, had enjoyed fairly good health till two years and a half back, when she first experienced severe pains down the left side and leg, aggravated by exertion and accompanied with painful micturition of scanty and turbid urine. At no time was there hæmaturia. To these symptoms were superadded rigors, fever, night sweats, occasional sickness, anorexia and progressive emaciation, and loss of strength. Latterly she had a troublesome cough with purulent expectoration and dyspnœa. On admission the urine was strongly ammoniacal, muco-purulent, and containing triple phosphates in abundance. The amount passed was small; not more than sixteen ounces in twenty-four hours. Lithia water *ad lib.* speedily increased the flow. During the first few days, owing to the exhaustion induced by the journey from her home, a considerable distance, to Nottingham, and the extreme tenderness of the abdominal superficies, I confined myself to treatment of a sedative and restorative character. Her condition having somewhat improved, on May 10th, whilst under the influence of an anæsthetic, I examined the swelling, with the result of finding dulness to extend from the anterior superior iliac spine up to and continuous with the cardiac area, and in the transverse direction from an inch to the left of the umbilicus round to the spinal column. The tumour was most prominent in front, and the wave of fluctuation was so distinct that it gave me the impression of the kidney having been converted into one large abscess. A chest examination revealed distinct evidence of tuberculous disease, particularly in the right apex.

The nature of the case having been pretty clearly made out, nephrotomy was performed by the usual lumbar incision. A large quantity of curdy pus was given vent to from two large abscess sacs, into which the kidney had been converted, a friable partition dividing them, which in the course of the operation I broke down with my fingers. A considerable quantity of similar tissue was removed in the same manner. The kidney was found to reach down to below the level of the iliac crest, and its adhesions to surrounding tissues were firm and extensive. Its interior bled freely, which, after washing out with carbolised water (1 in 80), I controlled by plugs of lint saturated with carbolised oil. The usual antiseptic precautions were observed during the operation. There was little shock, and on the evening of the operation it was noted that the patient was quite free from pain and that the temperature had fallen one degree. For some few days the urine was freer from pus than formerly, and the general condition of the patient was somewhat improved. The wound discharged freely. For over three weeks matters were pretty much as above. The urine was never free from pus. The temperature fluctuated between 99° and 103°; and night sweats only ceased when pilocarpine was administered. It is an interesting fact in the case that the temperature in both axillæ was never the same; usually higher on the right; the variation occasionally amounting to nearly two degrees. The sweating was most marked on the right side of the body; both symptoms pointing to morbid innervation of the cervical sympathetic. An attack of septic pleuro-pneumonia of the right base, which all but ended the record of the case, coupled with the want of benefit following the nephrotomy, strengthened my resolve to extirpate the kidney as soon as the patient's condition warranted it. This I did on June 20th by enlarging the former incision and supplementing it by a crucial. There was very great difficulty in enucleating the kidney from its capsule, mostly experienced at the point of insertion of the vessels. The friability of its structure also contributed to this, and at the same time gave rise to copious bleeding, which pressure by means of sponges checked. I tied the bloodvessels and ureter *en masse* with strong carbolised Chinese silk, and then cut away the kidney. Under the strain of the ligature, the friable tissue of which the pedicle was composed gave way, and for a time the hæmorrhage was appalling. A second and then a third were applied higher up, with the effect of stopping all bleeding, except from a few small arteries which were separately ligated. A few loosely applied metallic sutures, simply used to approximate the edges of the wound, after it had been washed out with carbolised water and tamponed, finished a very tedious operation. Through failure of the spray producer it was not done antiseptically.

The shock after the operation was extreme, so much so that for several hours it was doubtful whether the patient would rally. Frequently-repeated rectal injections of pancreatised beef-tea, and brandy, stood her in good stead. For the first forty-eight hours the scantiness of the renal secretion assisted in making the outlook more gloomy, but at the end of this time the quantity became natural in amount. After the operation its quality became normal, and has remained so ever since. With the above exceptions the patient made an uninterruptedly good recovery, and when she was discharged from hospital on account of the annual cleaning she had got quite plump, and there remained of the wound only a small sore.

Remarks.—This was a very unpromising case upon which to perform such a grave operation, not only on account of the prostration induced by the condition for which relief was sought, but also because of the state of the chest and the drinking habits of the patient. I regret that the major operation was not at first performed, as by it time would have been saved and the intercurrent attack of pleuro-pneumonia averted. The variations in temperature before alluded to ceased with the nephrectomy, as also the hemihyperidrosis, and before her discharge there was an improvement in the chest symptoms.

Nottingham.

ON FATTY EMBOLA OCCURRING AFTER FRACTURES.

BY R. SCOT SKIRVING, M.B.,
LATE RESIDENT SURGEON TO THE ROYAL INFIRMARY, EDINBURGH.

THE following case, which I venture to think worthy of record, occurred last winter under the care of the late Professor Spence.

The patient, a temperate and healthy man of forty, was admitted into the Edinburgh Royal Infirmary on Feb. 18th, suffering from a compound fracture of both bones of the leg. The external opening was a very small one; indeed the injury was the minimum of a compound fracture. The wound was dressed antiseptically, and the leg laid on a wire splint. At night, as there was considerable oozing, the wound was again dressed and a compress applied. The next day, after an easy night, the pad was removed and the leg again dressed. In the afternoon of the same day, the patient, having been in conversation with a man in the next bed, ceased to speak; he was supposed to have fallen asleep, but it was soon noticed that something was amiss. His condition then was as follows:—Pulse 130 per minute, full and soft; respiration 24 per minute, regular, and not stertorous; temperature 100° F. On auscultation, a few crepitations might be heard at the bases of the lungs. The face was somewhat dusky; lips pale; pupils contracted, and sluggish in response to light. He was unconscious, and peripheral stimulation was but slowly responded to. The patient yawned at intervals. During the night the respiration was

occasionally of the sighing character described by Cheyne-Stokes. The urine being voided in bed, some was drawn off with a catheter, introduced purposely without oil; this, on examination, contained neither sugar, albumen, nor acetone. Microscopically, a few granular tube-casts and a good many oil-globules were seen. Throughout the following day (the 20th) the patient remained much in the condition just described; but towards night the respiration became markedly quickened, the pulse rose to 156 per minute, and the temperature to 104° F. His face was extremely dusky, and bathed in a copious perspiration. The respiration was now over 60 per minute, and he gradually sank, dying at 1.30 A.M. on the 21st. After death the temperature rose to 105·8°.

On post-mortem examination the following conditions were found:—The pericardial sac contained half an ounce of blood-stained serum. The cardiac cavities were nearly empty. There were numbers of punctiform hæmorrhages on the endocardium of the left ventricle. The lungs showed likewise numerous punctiform hæmorrhages on their pleural aspects; they were slightly œdematous, and congested at their bases. The pleural cavities contained a little blood-stained serum. Microscopically, it was found that the whole of the small vessels of the lungs were plugged with oil embola, some of them filling several branches of the vessels. The liver and spleen were normal. The medullary portions of the kidneys were congested, and many of the straight tubes contained some yellow oily-looking deposit. Microscopically, the vasa recta were found to be plugged with large oil embola. In the afferent vessels of the glomeruli well-marked staining of the fat contained in them could be demonstrated with osmic acid; the presence of the fatty matter in the vascular loops of the glomeruli themselves could similarly be made out. Unfortunately a microscopic examination of the brain was not made.

About the same time two other cases presenting almost exactly similar symptoms came under my notice, but in neither could the diagnosis be proved, as no autopsy was permitted. These two cases, both elderly women, had sustained respectively simple fractures of the femur and humerus. The accident had, in both instances, happened in the country about six or eight days previous to my seeing them. Their friends, finding it difficult to treat them at home, had sent them into town in country carts, where no doubt they received a good deal of jolting, as the parts required readjustment on their arrival. About three days after their admission coma came on, culminating, as in the previous case, in dyspnœa and death.

Remarks.—In most accounts of this complication of fractures it is almost invariably stated that dyspnœa is the prominent early symptom. In the above cases dyspnœa did not occur till near the close, the cerebral functions being plainly the first involved. I regret that a fuller microscopic examination of the brain was not made, as the presence of oil embola in that situation, as noted in Professor Czerney's case, would explain to a considerable extent the sequence of the symptoms. On looking over the cases on record, specially those quoted in Drs. Saundby and Barling's paper on this subject in the *Journal of Anatomy and Physiology* for July, 1882, it would seem to be almost invariably within the first three days after the accident that fatal cases of fatty embola occur—that is, when, from laceration of the tissues, the veins and lymphatics are most liable to take up the oily material. In my last two cases coma did not come on till about a week after the fracture had occurred, but I am inclined to attribute the accident to the disturbance sustained by the parts incident to the transit of the patients to hospital. So far as these three cases go, they seem to show that no great injury or comminution of the parts is necessary to lead to this untoward event, and that its onset is sudden and unexpected. Treatment in cases sufficiently severe to be diagnosed as that of fatty embola is at present of little avail; whilst prophylaxis in the way of as little handling of the injured parts as possible appears our best indication.

Edinburgh.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE.—The open scholarships in science, of the value of £130 each, tenable for one year, have been awarded to Mr. F. W. Andrewes, B.A., Christ Church, Oxford, and Mr. W. S. Whitcombe; and the Jeaffreson Exhibition, of the value of £50, has been awarded to Mr. C. S. Pethick.

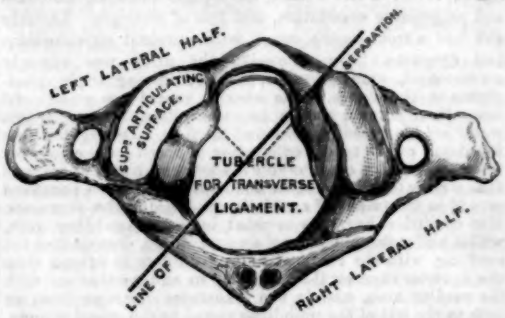
CASE OF CARIES OF THE ATLAS AND AXIS.

BY JOHN DEARDEN, M.D., F.R.C.S.E.

THE following case appears to present some features of interest, which I have thought worthy to place before the readers of THE LANCET.

On Dec. 26th, 1881, I was called to attend B. H——, aged forty-two. He is of medium height, tolerably well-developed, pulse and temperature normal, lungs and digestive organs apparently healthy, and of temperate habits. He complained of acute, darting pains up the left side of the neck, extending to the head, taking the course of the trapezius muscle of that side; he also complained of a dull, aching pain on the top of the head, about the junction of the occipital and parietal bones. The pain in the neck was aggravated on the slightest movement of the head. There was enlargement of two of the cervical glands to about the size of a walnut, also considerable rigidity of the muscles of the neck. No difficulty was complained of either in swallowing solid or liquid food, of which he took a fair quantity. The head was drawn slightly forwards and towards the right side; the intellect was quite clear, and there was no impairment of muscular movements in any part of the body. His only complaint was the "excruciating" pain already referred to, and which rendered it difficult to raise himself from the recumbent to the sitting posture, the head having to be steadied by both hands.

The patient stated that he lived in Australia eleven years ago, and had frequently "camped" out on the open ground; also that he had a severe fall from a considerable height



(fifteen feet), alighting upon his back, but "thought he got completely over the effects." He first noticed "the pain" about three and a half years ago, but had been able to attend his business, that of a grocer, up to the time of my first visit. He stated that he never had syphilis. On the date first mentioned he was not confined to bed, but was able to be up and about, taking short walks. In March, 1882, as there had been no improvement he expressed a wish for change of air, so he went to Blackpool. After a short stay he went to Buxton, and placed himself under hydropathic treatment. Finding himself getting weaker and the pains considerably increased, he returned home, arriving on May 23rd. From that date he was not able to sit up more than a few minutes at a time, and that at intervals of nearly a week. On June 23rd the voice became squeaky, and diminished in resonance daily until the termination. Bilious vomiting occurred at intervals; increased secretion of mucus about the fauces and pharynx, which was got rid of with some difficulty; dribbling of saliva from the right angle of the mouth; the above symptoms indicating that the pneumogastric and recurrent laryngeal nerves were implicated in the disease. On June 30th he was seized with violent muscular contraction, raising himself suddenly to the sitting posture, the legs being shot off the bed quite rigidly. He immediately expired.

By his special request the head was examined (Dr. Ruttle of Accrington kindly assisting). On removing the calvaria extensive adhesions were found existing between the dura and pia maters, chiefly situate at the apex; the brain appeared healthy throughout. On looking into the foramen magnum the bare and roughened surface of the top of the odontoid process was visible. An opening was then made

along the posterior border of the sterno-mastoid muscle. A large collection of pus was found on the anterior surface of the spinal canal, but not opening into it, the theca spinalis being whole. The left lateral half of the atlas was extensively necrosed and completely separated from the other portion (the dotted line in the diagram showing the separation), and could be easily removed by the fingers. The right half was represented by only small pieces of necrosed bone, both articulating facets of the occipital bone, and all those of the atlas, were also found to be necrosed; the transverse ligament of the atlas was absent.

It does not need any lengthy description or vivid portraiture to see what the effect of violent and sudden contraction of the sterno-mastoid muscles must be. The head would be drawn forwards, the transverse ligament being absent allows the odontoid process with the axis to slip backwards, crushing the medulla oblongata against the posterior part of the foramen magnum in this case, as there was little of the atlas left—ergo, instant death.

The treatment had been various, chiefly iodide of potassium at one time, quinine at another, now counter-irritation to the nape of the neck, again sedative applications. The only medicine I gave him was quinine with gelseminum and a liniment composed of equal parts of chloroform, tincture of opium, belladonna, and aconite, which he used freely, and expressed himself relieved by it, at least for a short time.

He had been seen and attended by several gentlemen, but the (apparently hidden) nature of the disease was, I think I am right in saying, never discovered during life. I thought the symptoms pointed either to aneurism of a basilar artery or abscess at the base of the brain.

Church, near Accrington.

REPORT OF A CASE OF SEPTICÆMIA.

By G. STANLEY MURRAY, M.D.

SEEING some peculiar cases of septic poisoning recently reported in THE LANCET, I submit the following, which occurred in my own practice, as being of special interest.

On the morning of the 30th of March a gentleman called at my house to see me, complaining of feeling unwell, though unable to point to any special ailment; describing his state as a general malaise, accompanied by weakness and debility. He was of rather a slight build, aged about twenty-seven, his complexion being dark and much tanned by exposure to the weather. He said he had recently returned from South America, where he had been living several years. His pulse was weak, and he seemed languid and somewhat depressed; complained of feeling drowsy and indisposed for exertion. He had a slight cough, but on examining his chest I could detect nothing wrong. I put him on a mixture of ammonia, strychnia, and digitalis, desiring him to come and see me again in a day or two. On the 2nd of April I was requested to visit him at his house. I found him in pretty much the same state, but complaining of headache, and saying his cough was becoming much more troublesome. His relatives, with whom he was staying, mentioned that he was restless, and they seemed to think he was really worse than he wished them to believe. Again examining his chest, I found slight crepitation in both lungs, accompanied by a hot dry skin. Fearing he was threatened with pneumonia I altered his medicine, and directed him to remain in bed, ordering hot fomentations and poultices to be constantly applied to the chest. On seeing him the following day, I found him decidedly worse, and learned that he had passed a restless night, that his cough had been very troublesome, the pain in the head more intense, and also that he had a slight attack of rigors during the night. On examination I found the chest symptoms now very marked. Making inquiries about his preceding history, I learned for the first time that some years ago he had gone to live in South America for the good of his health in consequence of a tendency to lung affection, where he seems to have led a very rough life, his principal occupation being cattle herding. His food largely consisted of dried beef, as hard and tough as boot leather, which he was obliged to grease and roll up in small quantities and swallow whole in consequence of his teeth being too bad to allow of his being able to masticate it. Indeed, his return to England was solely in order, I believe, to have his teeth seen to, and the state of his mouth rectified before continuing his life in South America. I then learned that about three weeks before the time I first saw him he was taken up to one of the London hospitals by his brother (a student), and there put under ether, when eighteen stumps were removed by one of the house-surgeons. The next day he went again and had three more taken out, and the following day one, making in all twenty-two teeth removed within three days. His mother told me that afterwards the state of his mouth was dreadful, and for days it was impossible to stay long in the room owing to the smell of his breath. This completely altered the aspect of the case, and left no doubt in my mind that I was dealing with a case of septic pneumonia.

I need not go into minute particulars, but only add that from day to day the patient gradually grew worse, signs of exhaustion setting in. Beef-tea, wine, raw eggs and milk were administered, and ammonia and bark prescribed, but without avail. On the 7th heavy sweating was manifested, and on the 9th his sleep began to leave him. After this the patient became dull and apathetic, only complaining of intense headache and thirst. On the 13th he fell into a state of low delirium, and on the 15th he died.

I cite the case as being one of interest, and as showing the effects of what may be considered a severe operation acting upon an enfeebled constitution.

Putney, S.W.

A NEW CRADLE,

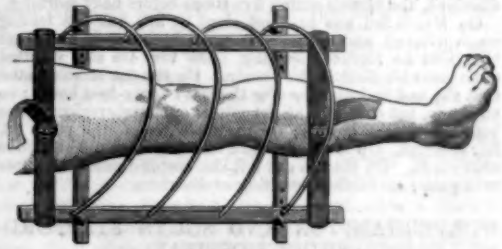
SPECIALLY ADAPTED TO FIX EITHER TO A BACK-SPLINT OR TO THE LIMB, AS REQUIRED.

By WM. THOMAS JACKMAN, M.R.C.S., &c.

THESE small cradles will be found of great service to surgeons where it is desired to keep the bedclothes raised from an inflamed joint, either to avoid pressure or to increase the efficacy of evaporating lotions, by allowing above the limb a space into which evaporation can take place. They can be fixed securely to a back-splint, or to the limb if no splint is being used, by means of a broad strap of webbing;

The cradle packed for carrying.

the space between the limb and the hoops of the cradle can be regulated as required. The cradles for the knee and ankle are made of wood, and consist of four movable cane hoops three inches and a half apart, capable of being fixed at any desired height over the limb into side bars of wood sixteen inches long. The cradle is further secured by means



The cradle for the knee, adjusted.

of two sliding laths which pass under the limb and are fixed by pegs; these being adjusted, assist in the regulation of the height of the hoops. The whole apparatus is very portable, light, cleanly, and of easy adjustment. The length of the cradle is such that only the inflamed joint is

protected from the clothes, thus avoiding discomfort to the patient, which the large cradles resting on the bed, as at present used, necessarily cause. The cradles, being really one with the splint or limb, can be conveniently used in cases where the limb is slung. The small space the cradle takes up in the bed is a great convenience. For the elbow-joint light angular cradles of stout iron-wire are more suitable; these are fixed to the splint or limb in the same manner as the wooden cradles. Messrs. Ferguson and Co., of Smithfield, are the makers.

Coggeshall, Essex.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

ST. THOMAS'S HOSPITAL.

OBSTRUCTION OF THE BOWELS; UMBILICAL HERNIA; PREGNANCY; RECOVERY.

(Under the care of Mr. SYDNEY JONES.)

M. A. S——, female, aged thirty-six, married, was admitted on March 2nd, 1882, suffering from symptoms of obstruction of the bowels. The following history was obtained. She was about seven months gone in pregnancy, and during the whole of that time had suffered from sickness and anorexia; but on the evening of Feb. 26th she was attacked with violent diarrhœa and constant vomiting; she vomited about every ten minutes, and was unable to keep anything down. The diarrhœa ceased next morning, and from that time until her admission on March 2nd nothing had passed, although she had taken several doses of castor oil. She became very weak and prostrate, and the continued retching caused her much pain; the vomit was at first dark green, but on the day before admission became brownish in colour and very offensive. For the last five years she had had a swelling over the umbilicus, which she stated had never been reducible, but varied in size; it had not become larger of late, nor had it been more painful.

She was a very stout, florid woman, in a weak condition, with a temperature of 96·8° and an extremely feeble pulse, and suffering from constant vomiting, the vomited matter consisting of a dark-brown, very offensive fluid. The abdomen was very large; there was a small umbilical hernia, but this did not present any evidence of strangulation beyond tenderness at the neck, and this was not more marked than the abdominal tenderness, which was generally diffused. There was a swelling in the lower part of the abdomen, evidently the pregnant uterus, the fœtal heart being distinctly heard. Pulse 120, almost imperceptible at the wrist; tongue moist, furred. The patient suffered much from thirst. She was ordered one grain of opium pill at once, to be repeated every four hours; the vomiting stopped shortly after the first pill; she was able to keep down a little brandy and milk. About three o'clock she had a good deal of diarrhœa, the bowels acting five times before next morning.

On March 3rd she had not slept at all, but was feeling much relieved, and her pulse was much stronger, and there had been no further vomiting. On the 4th she vomited some greenish fluid in the evening. On the 6th it was stated that she had had diarrhœa for the last twenty-four hours; no vomiting, but continual slight pain in epigastric region, worse before action of bowels; tongue moist, cleaning; pulse 86, fair strength. Up to this date she had an occasional pill, none afterwards. On the 9th she left the hospital quite well, free rom pain; no further vomiting or diarrhœa.

WOLVERHAMPTON AND SOUTH STAFFORDSHIRE HOSPITAL.

SOME CASES OF EXCISION OF JOINTS.

(Under the care of Mr. VINCENT JACKSON.)

CASE 1. *Excision of Hip; Recovery.*—Henry T——, aged three, admitted May 10th, 1882, with hip disease. The joint was disorganised, and a large abscess had formed. On June 1st the hip-joint was excised. The joint was exposed by a T-shaped incision. The head of the femur was found eroded, and the ligaments had ulcerated through in the front of the joint; the acetabulum was healthy. The wound was washed out with chloride of zinc solution, and brought together by silk sutures, a drainage-tube being put in the most dependent part. Carbolic oil and absorbent wool-dressing were used, and the limb was fixed on an interrupted long splint. On the first evening after the operation the temperature was 102°, and up to the sixth day the evening temperature was close on 100°; after that it was normal. The wound took three months and a half to heal. The patient was discharged on Sept. 16th with an insignificant sinus; his general health was much improved by the operation.

CASE 2. *Excision of Hip; Recovery.*—William C——, aged five, admitted on June 28th, 1882, had suffered from hip disease for a year. On July 13th the hip was excised in the same manner as in the previous case. The bone and cartilage of the head of the femur were carious, and the ligaments pulpy. The wound healed well in two months. The temperature rose to 102° on the third and fourth evenings, and kept a few points above normal for the first fortnight. Health continued good throughout.

CASE 3. *Excision of Shoulder; Recovery.*—James W——, aged thirty-six, was admitted on Nov. 23rd, with disease of the right shoulder. The joint had been diseased for over four months. An abscess had formed, and there were sinuses connected with the joint. On Jan. 18th the shoulder was excised. The joint was exposed by making a semi-circular flap from the deltoid, and the head of the humerus removed below the trochanters. There was pretty sharp hæmorrhage, which was controlled by Spencer Wells' forceps. A sequestrum as big as half-a-crown lay in the interior of the joint. The dead bone corresponded with a cavity at the back of the head of the humerus. The wound-edges were brought together with harelip pins, and a carbolic oil and wool dressing was used. On Feb. 26th the patient was discharged. There were then insignificant ulcerations in the cicatrix and a small sinus. A few weeks later the cicatrix was quite sound, and the patient was able to lift his hand to the back of his head. The patient being nervous in using his limb, it was some time before its motions were strong and vigorous. The temperature went up to 102·8° on the third evening; normal after the fourth day.

CASE 4. *Excision of Shoulder; Recovery.*—Alfred F——, aged eighteen. In January, 1881, the patient had rheumatic fever, and from that period he dated the disease of his shoulder-joint. He was admitted on March 1st, 1882. He was then suffering from sinuses opening on the posterior margin of the deltoid. On March 23rd the shoulder was excised in the same manner as in the preceding case. The head of the humerus was carious. The wound healed well, and on April 20th the patient was discharged cured. Owing to the perseverance of the patient in moving his arm the limb soon became strong and useful.

CASE 5. *Excision of Elbow; Recovery.*—Francis N——, aged fifteen, had a compound backward dislocation of the elbow on July 21st, 1881. The dislocation was reduced under ether and dressed antiseptically. In August the joint was not doing well. It was soft and pulpy, and a sinus remained which communicated with dead bone. On August 18th Mr. Jackson excised the joint. The epiphyses of the humerus, radius, and ulna were necrosed. The limb was put on a splint for a week and then passive motion was used. The wound healed in a month and the patient was discharged on September 9th, 1881, with good movement at the elbow.

CASE 6. *Excision of Elbow; Recovery.*—Thomas F——, aged ten, was admitted on May 31st, 1882. He was a pale weakly little boy, badly nourished and poorly clad, but possessing excellent spirits. A trivial injury, his mother said, would cause an abscess. In February, 1879, he had knocked his right elbow. The joint became disorganised, and was excised by Mr. Jackson at that time. He now attended the hospital with disease of the left elbow, the result of injury. His health being improved by a good diet and a little wine Mr. Jackson excised the elbow on June 29th. The bones entering into the composition of the joint were carious, and the soft structures friable and pulpy. After the bones had been removed the diseased tissues were cut away with scissors or scraped with a Volkmann's spoon. The limb was put on a splint and kept wet with a spirit

lotion. On Sept. 13th the child was sent to a convalescent home. The wound had healed, and the motion at the elbow was good, considering what flabby muscles there were to work it. The case is almost unique from both elbows having been removed.

NEWCASTLE-ON-TYNE INFIRMARY.

LOCOMOTOR ATAXIA; NERVE-STRETCHING; NO IMPROVEMENT.

(Under the care of Dr. OLIVER and Mr. PAGE.)

EDWARD C——, aged forty-four, married, a farm labourer, was admitted on March 2nd, 1882, complaining of difficulties of walking and standing, and also of a tendency to fall. Patient had always been a temperate man, never had venereal disease, and had enjoyed good health up to a year ago, when he noticed a pricking and numbness in both his feet. At times the floor felt soft and spongy; his gait was markedly ataxic; he fell when his eyes were closed; had never experienced pains in his joints till his illness began; had never had the girdle pain, but had felt a weakness. Sensation in both legs was somewhat imperfect; patellar tendon-reflex was entirely absent. There was well-marked internal strabismus of the left eye, which, he stated, came on a month or six weeks before. The vision of the right eye was somewhat impaired.

On March 8th Mr. Page cut down upon the left sciatic nerve, and exposed and stretched it, allowing the whole weight of the limb to be supported by it. No ill effects followed the operation. On the 9th the patient's temperature rose to 103·4° F., and he complained of burning pain and thirst. Pulse 128. He recovered from the operation perfectly, and on the 27th was out of bed for the first time; but the difficulty of walking and his attitude were found to be more marked. He remained in the hospital some little time longer, but went out without any improvement having taken place in his symptoms.

Reviews and Notices of Books.

Clinical Lectures on Diseases of the Nervous System. By THOMAS BUZZARD, M.D. Lond., F.R.C.P., Hon. Fellow of King's College, London; Physician to the National Hospital for the Paralysed and Epileptic. London: J. & A. Churchill. 1882.

[FIRST NOTICE.]

THIS book has two kinds of value. The author throughout it shows a minute and precise acquaintance with that now complex department of medicine—neurology—in its most recent developments. For this very reason he does not dwell with exaggeration on nervous symptoms; he knows them too well for that. It is valuable also because, as the clinically minded reader will easily see, there is displayed in every lecture, without undue prominence over the particular topics of each, a wide knowledge of general medicine. Although comparatively few diseases of the nervous system are expressly considered under their names, the reader from each lecture will not only learn much that is new of the nervous disease there particularly treated of, but will also find that what he may already know of neurology is put in new relations, scientific and clinical; what the reader knows is made more available for use at the bedside. The author deals largely in cases; the narrations and descriptive comments are often so vivid that we might say he places patients before us. The first lecture is a good example of his method. He begins by narrating two cases so as to compel the reader to realise clearly the different diagnostic values of the exaggeration, and of the absence of the knee jerk. Here and elsewhere many highly technical questions are considered. It could not be otherwise. The author deals faithfully with the reader; he does not exhibit the intellectual vulgarity of varnishing over difficulties by popular explanations. The busy man has some natural impatience with details about single symptoms when he has all day long to treat patients; he very properly expects guidance in his investigation and treatment of individual cases. He will find it here, but he will not find that the complexities of the problems stated are ignored. Much technical knowledge is necessary for bedside work. The experienced man occasionally fails to make a correct diagnosis of a case for want of a little easily learned technical knowledge, when a correct diagnosis of it may readily be made by one of narrower experience and of much less clinical acumen who has that little technical knowledge. He who wishes to become an accomplished musical performer must practise scales, and he who wishes to be a good diagnostician must study symptoms. We should not only study groups of cases, but should also analyse the group into its factors, and see what each means by itself. It is an error to suppose that we can make fruitful generalisations without previous careful analysis of the things to be generalised about. On the other hand, the possession of technical knowledge without clinical acumen derived from close personal experience is somewhat ludicrous, or would be did it not occasionally lead to painful results. To locate the changes answering to a group of symptoms, granting that it were done with absolute accuracy, is of little clinical account if the condition of the patient as to syphilis, Bright's disease, &c., be underrated. But there is no reason why both methods, technical and clinical, should not be harmonised. This harmonisation is indeed very often done after a fashion. We do not call that a good kind of clinical work which consists in merely noting, for example, slight transitory paralysis of some part of the body, and also that the patient is gouty, and then hastily "combining the two" after the manner of the celebrated article on Chinese metaphysics. The author's double method is not after this superficial fashion. For example, in showing the several different clinical circumstances in which the knee jerk is lost or those in which it is exaggerated, he, in an admirable manner, *pari passu* states the several corresponding local pathological conditions; he does this in such a way that the symptoms are easily seen to be dependent on particular flaws here and there in the nervous system. Moreover, he never loses sight of the fact that the spinal cord is but one part of the patient who has to be treated. As an example of a methodical harmonisation of pathology, clinical medicine, and physiology, the exposition deserves high praise; it is not a mere juxtaposition of the clinical and the technical; the dry bones of technicalities in his pages become clinically clothed and live. The organisation is so thorough that it is difficult, with justice to him, to give quotations; only quotations too large for our space would show the orderly continuity which is so characteristic of his exposition of the very complex subjects he deals with. The method by which he conveys wholes of knowledge, technical and clinical, in his narrations of and comments on cases, is so smooth that the reader may easily "read over" very many valuable practical hints for the investigation and management of patients.

In the first of his twenty-five lectures Dr. Buzzard considers Westphal's symptom. In his judgment, to quote from a later lecture, "Westphal's test, the absence of the knee phenomenon, provided that this is associated with fair voluntary power and idio-muscular contraction of the vastus internus muscle (a provision which Erb, as well as myself, has insisted upon) is the most constant and important symptom of tabes dorsalis." He, however, adds a caution regarding the possibility of diphtheritic paralysis, for, as he says, some cases of this kind superficially resemble tabes dorsalis, in some of them there is no patellar tendon-reflex. Two things are to be noted. There may be tabes dorsalis—there may be posterior sclerosis—without ataxy. Again, the knee jerk is lost in other kinds of cases, as the author illustrates profusely in several lectures. After speaking of the absence of the knee jerk in cases of tabes dorsalis, he

points out a source of fallacy. "When the blow is allowed to fall where the plump of muscle somewhat projects above and to the inner side of the patella (the vastus internus), there is a very slight upward movement of the foot. It is important to distinguish this action from the patellar tendon-reflex proper, which is present in health but is lost in locomotor ataxy. Examining the movement, we see that it is slow as well as slight, and is occasioned by the contraction of a very limited number of the muscular fibres of the vastus internus. That this contraction is confined to the muscular bundles of the part struck is shown by the very palpable wave which appears at the spot. The wave is deep, slow in movement, and its direction is obliquely downwards and outwards, corresponding with the direction of the bundles of muscular fibres. It contrasts as strongly as may well be with the sudden and rapid thrill of contraction which may be felt or seen to occur in various and distant parts of the quadriceps in response to a blow upon the patellar tendon in a healthy person." In this lecture he discusses the "deep reflexes" in general, foot clonus among them. In the next lecture the nature of the knee phenomenon and of other so-called tendon-reflexes is considered, and, again, important cases are related in illustration of the questions which arise. Dr. Buzzard thinks the phenomena are really reflex. By means of diagrams he shows how in different diseases the reflex is lost by "fault" seated at different points of the reflex nervous arc—sensory nerve, posterior column, anterior horn, and motor nerves. By this means he simplifies his subject without in the least ignoring its difficulties. He believes that there is ankle clonus in some cases of hysteria; this is a thing of great moment in diagnosis. Were his opinions as to the nature of the knee phenomenon disproved, the lecture embodying his researches would lose little, if any, clinical value, since as symptoms the absence and the exaggeration of the knee jerk are grouped with other symptoms in a methodical manner for diagnosis of the positions of the diseases in different kinds of cases. At the close of this lecture he gives a brief but very excellent account by Dr. De Watteville of the observations and opinions of those who do not consider the knee jerk to be a reflex phenomenon.

In Lecture III. he takes up the subject of acute anterior polio-myelitis, a convenient kind of nomenclature, which tells us that the pathological lesion treated of is inflammation of the anterior spinal horns. Under this name come cases of "infantile paralysis," which disease is now known to have the pathology indicated, and, if we may be pardoned the expression, to occur occasionally in adults. Numerous cases are related. Great stress is laid on the diagnostic uses of electrical currents. In other lectures he does the same, stating clearly his views and describing very carefully this important method of research in particular cases. He points out that in this disease voluntary power may return before the nerves show excitability to electrical currents. Since, in this class of cases, the anterior spinal horns are diseased, he thinks the explanation of the seeming anomaly is that some fibres passing down the lateral column gain the anterior roots without direct connexion with the ganglion cells of the anterior horns. After remarking on the commoner types of acute anterior polio-myelitis, he suggests that facial paralysis is rarely seen from such a pathology on account of the vital surroundings of the facial nucleus; that nucleus may be involved, but rapid death would, he rightly concludes, occur from anterior polio-myelitis of the medulla oblongata. Later on, as we shall see, he considers morbid affections of still higher motor nuclei, which are no doubt homologous with the spinal anterior horns.

Next comes a lecture on the differential diagnosis between certain hysterical conditions and myelitis. Some important cases are related. The reader will find that the occasional serious difficulties in diagnosis are fairly faced. It is in such cases that shrewd men are sometimes too shrewd. No one should trust solely to emotional temperament, to shock, and the like, in diagnosis. These are valuable aids to diagnosis no doubt; but it is by the application of technical knowledge that the real condition of things in difficult cases may be ascertained with greatest certainty. The man who has a practical knowledge of electrical testing, who has studied the condition of "reflexes" in a large number of different cases, is the one who is least liable to fall into the error of mistaking organic disease of the spinal cord for hysteria, or into the reverse error. Very many cases of disseminated sclerosis in their early, and even in very late stages, are mistakingly put down as being cases of hysteria. It must be admitted that not unfrequently the diagnosis betwixt hysteria and organic spinal cord disease is exceedingly difficult. This lecture certainly, however, makes it less difficult than it was, and may be especially commended to the "busy practitioner."

Locomotor ataxy, or, as the author prefers to call it, tabes dorsalis, is considered at great length. Whilst not underrating the most striking symptom, the ataxy, he shows clearly that tabes dorsalis often enough exists without ataxy. There are numerous other tabetic symptoms which can be trusted for the diagnosis of posterior sclerosis when the gait is perfect. We strongly commend the following; we have no doubt of its accuracy. It is what an able and original-minded physician of large experience has concluded, from hard and steady work, on a matter of direct practical importance. By carefully pondering this one short paragraph, many practitioners will save themselves from the regret of having misinterpreted cases of tabes before time made the correct diagnosis of tabes for them. In a word, we say to them, Do not wait until the supervention of ataxy makes the diagnosis of the real condition of a patient for you.

"It appears to me that, in the present condition of the question of tabes dorsalis, we are not quite warranted in saying of a case which does not show any ataxy that it has not yet arrived at a certain 'stage.' Our grounds for dividing the course of this disease into different stages, appear to become less and less secure as we observe that various parts of the sensory nervous system may be involved in degrees of intensity which bear no fixed relation to any chronological order. Although the point can only be determined after a considerable lapse of time, it seems most probable that ataxy of gait is no more a necessary symptom than optic atrophy, although it is a much more frequent one. Whilst allowing, then, this highly characteristic symptom when present to retain all its former value for diagnostic purposes, it is well to recognise the fact that not only may the incoördination of movement be entirely wanting, but some other symptom which may not ordinarily be at all a striking one may come to occupy the most prominent place. In these circumstances it is apt to absorb the attention of the observer to such a degree that, without some considerable care, the general disorder, of which it is only a symptom, is masked, and the symptom itself is liable to be referred to some entirely different pathological condition."

THE parishioners of Marylebone appear resolved to remedy a defect in their parish which has long caused complaint—viz., the want of a proper public mortuary. A communication from the Local Government Board has been received by the vestry, in which objections are pointed out to the mortuary in Paddington-street, chiefly on account of the absence of accommodation for conducting post-mortem examinations or provision for the holding of coroners' inquests. The matter has accordingly been removed from the charge of the select committee, who seem to have done nothing in it, and referred to the Sanitary Committee, from whom it is to be hoped it will receive more prompt attention.

Abstracts
OF
INTRODUCTORY LECTURES
DELIVERED AT THE
MEDICAL SCHOOLS OF LONDON
AT THE
Opening of the Session 1882-83.

ST. GEORGE'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. HERBERT WATNEY.

AFTER referring to the loss sustained by the medical school through the resignation of Dr. Barclay, the lecturer spoke of the new examination instituted by the Royal College of Surgeons to be held by the teachers of anatomy and physiology. He considered that it will be only a guide and help to the ordinary hardworking student, and will be so easy as not to discourage any, but will prevent the first year of student life being partially wasted, as has sometimes been the case. A short account was then given of some of the sciences bearing on medicine. He said anatomy, the foundation of the medical sciences, can now be satisfactorily studied by all who enter our profession; but this has only been the case during the last hundred years. It is, however, a question whether the pendulum has not now swung a little too far; whether the examination in the minor details of anatomy, and, consequently, the teaching of these details, have not gone further than there is any need; whether the oldest science does not engross too much of the student's powers, not as regards its essential principles, but for its minutiæ. And the very strong opinion of William Hunter was quoted to the same effect. Dr. Watney then dwelt on the importance of physiology and its fascination as a study, bringing us face to face as it does with the problems of life and death, and leading us to "the borderland of the material and the immaterial"; but he pointed out that the same evil of overrating the importance of minutiæ is sometimes met with in this study, saying that there is a physiology whose devotees seem to think more of the instruments or the specimens, soon to be set aside for newer and better ones, than of the valuable observations obtainable by such means. Pathology was described as being at present divided into two great branches—one, which may be fairly classed as belonging to the two sciences of anatomy and physiology, dealing with the anatomical or physiological changes wrought in the body; the other quite different in its character, aiming at much deeper knowledge, seeking to discover the causes of certain diseases, even, it is said, cultivating these causes, and so controlling them that they become innocuous. It is probable that vaccination is a remarkable instance of this method of rendering a virulent poison harmless by means of a series of cultivations in the bodies of the lower animals. The great necessity for the study of pharmacology was next referred to, and the study of materia medica was alluded to as being only a "survival." The value of hygiene was then spoken of, and the change in the death-rate of the population during a number of years was considered a clear indication that hygiene is giving us most valuable aid in our struggle with disease. The lecturer remarked that during the time that the sciences bearing on the healing art have been developing, much work which may truly be called scientific has been accomplished in medicine and surgery; but we are still obliged in great measure to act from the basis of experience and from a knowledge which, though it has the authority of time, has never had a scientific foundation.

He then attempted to answer the question, What should be the due relationship between the scientific and the practical in the training of the student, and in his after-life as a medical man? After showing that there is generally an intimate union of these two apparently opposite principles in those whom we regard with the greatest respect, he proceeded: A scientific education implies study with a view to the acquisition of knowledge apart from any ulterior object—that is, seeking to know what has been accomplished in any subject, and to be so placed that future progress is possible, supposing that the patience and abilities of the individual are equal to such advance. It should, however, also include the acquisition of the scientific method. Practical education implies the study of any subject in such a manner that we can bring our knowledge to bear at the present or at a future time. The scientific worker is remarkable for his dissatisfaction with the present state of our attainments and his desire to know more; further, he is noted for the accuracy of his knowledge, it may be only in a very limited field, but in that field he is not only aware of what has been discovered, but of the manner in which the discoveries were arrived at and the extremely unsatisfactory basis on which much of our supposed knowledge rests. On the other hand, the sympathies of the practical worker are with that portion of mankind which exists near and about him, and his energies and abilities are concentrated to produce, with the present fund of knowledge, the greatest results and the utmost benefit. He said it cannot be too strongly insisted on that the study of the sciences bearing on medicine will not alone enable you to become a safe guide in surgery or medicine; these last have to be studied, they have their methods and instruments of precision, some of which, such as chemical reagents, are well known to the chemist, others, as the thermometer, to the physicist, yet it is impossible for any physicist or chemist, or even for those who have studied the sciences more nearly allied to our profession, to understand the value of certain phenomena taken in conjunction with others, unless they have studied medicine itself. "Therefore, in answer to the question, What is to be the relationship between the scientific and the practical in your course of study? I would say, If you wish to follow the practice of medicine do not devote too much time to the study of the sciences. They are to be only portions of your education; they are the sources of much knowledge, but they are not the knowledge itself."

Dr. Watney then continued: "Science is not liked by some because it makes so little of the individual opinion, and treats so lightly that power which some men have of enforcing their views and persuading their fellow men. In politics and in art we see the immense influence of the individual—how his word is taken almost as law. Yet the habit of accepting without question what is told us has been the most fatal stumbling-block to the advance of medicine. The reputation of Galen helped to retard for centuries the advance of anatomy: and the deference paid to authority during the Middle Ages did incalculable injury to the large body of practitioners of that time, who learned to work in a mechanical, self-satisfied manner, impatient of any advance, unobservant, allowing centuries of time to pass and millions of sick folk to be under their hands, without attempting anything further than to struggle with one another as to who should be the greatest, 'seeking rather to conquer their opponents in argument than to penetrate the secrets of nature.'

"It is, however, easy, standing on the platform of our present knowledge, to point out the failures of the past generation, but the question which every thoughtful man will put to himself is, not what were their absurdities, their mistakes, but what can we learn from their failures? It is clear that ability will not prevent mistakes, and even absurdities; for many of the older practitioners were men of great genius, and we have no proof at all that there is more ability now than formerly, nor can anyone imagine that we take more pains than formerly were taken. Must we, then, assume that we have a better method? And yet who can say that he has a better method than Harvey? At last we are driven to the conclusion that medicine is a progressive science, and that we are profiting by the information obtained by others, reaping the fruit sown by them at great expense, after many failures and much disappointment.

"Now, with regard to the question, What is to be the relationship between the scientific and the practical in your future life? I would urge that everyone who practises the medical profession should, besides his ordinary avocations, work in a scientific manner at some subject, and aid in the advance of knowledge. It is very necessary that you start with one humbling thought, that you cannot finish your studies, and that you must go into practice to a certain extent incompletely prepared. It is impossible that you should be a good anatomist, or physiologist, or pathologist, or a good practitioner, when you leave this or any other school of medicine. It has lately been debated whether four years are enough for study, and whether the curriculum ought not to extend over five years. Surely ten years would not be enough to master anatomy and physiology alone, and by the end of that time so many advances would have been made that you would

hardly be able to keep your knowledge current with the times; thus physiology is being split up into various departments, and few are skilled alike in physiological chemistry, in experimental physiology, and in the use of the microscope. If you grieve at the thought that your knowledge must necessarily be imperfect, console yourselves with the fact that it is found, in planting trees in exposed and windy situations, that it is necessary to take quite young and small ones, for that the older and taller trees, which have had the advantage of good surroundings and have been accustomed for a long time to cling to their supports, do not grow so well in such situations as shorter trees, which, though smaller when first put in, eventually become more vigorous. So the well-taught but not too fully-taught student, though at first he may seem behind the artificially-forced stripling, will send his roots down deeper, and obtain a firmer hold in any new undertaking he may choose. And you are sure of true success. Your aim will be to allay pain, to prevent the effects of wrong-doing, and to combat death. It is true your patients will suffer for their follies, will at times be wrung by pain, and will, at length, all die; yet you will be successful, because you will not set before yourselves, or others, the false chimera that you can finally resist death, or prevent its painful accompaniments. You will accomplish what you hoped to do—alleviate pain, in a great measure prevent the effects of evil, and delay the advent of death himself. Yes, you will succeed; but let not that be our only success, great as it may be. We may look forward to the time when we shall meet Him and be with Him who alone has conquered pain and sin and death, and who has won a complete success for us.

LONDON HOSPITAL.

ADDRESS BY MR. JONATHAN HUTCHINSON.

THE address of Mr. Hutchinson was given at the conversazione, and was devoted almost entirely to a sketch of the life of Thomas Carlyle, with a critical survey of his work.

"About a year ago there appeared," said the lecturer, "immediately after the death of one who was perhaps, take him for all in all, the greatest man of the present generation, two volumes of Reminiscences. In these we found amongst much that we valued much also that needed excuse, and some things that it was hard to forgive. Those, however, who were most pained by certain passages in that work will, I cannot but think, have been greatly relieved by the reading of the two volumes of biography which Mr. Froude has just given us. In these latter we have, full and complete, the story of Carlyle's life, his struggle, and his victory; and the hero now again claims, if I mistake not, that lofty position in our estimation from which he had been almost threatened with dethronement. Here we are permitted to see, in full disclosure, the sources alike of his weakness and his strength, and our marvel at the work which he did, and at the uses to which he put his troubled life rises higher than ever. The unconquerable independence, the industry, the faith in the future, unclouded in the main by the deep-rooted melancholy of his nature, the sense of duty in his work, are features in which the character of Carlyle attains sublimity. His letters to his wife and to his mother, and perhaps above all those to his brother John, claim our admiration in the very highest degree. Especially to all young men, and to all young medical men, for they were addressed to a struggling young physician, I would commend his letters to his brother. ..... Over and over again, in his letters to his brother and in his entries in his own diary, Carlyle enforces the paramount duty of keeping clear of the 'gig-man' spirit. In one of his most pathetic letters to his wife, when their prospects were at the lowest, and he is endeavouring to incite her fortitude to further effort, he reminds her with pride that her soul was never that of a 'gig-maness.' ..... The words in question are designed to denote merit and respectability as indicated by externals alone and without regard to the inner character of the man. To be above the gig-man spirit is to be capable of maintaining our proper position in the forum of our own feelings irrespective of success in life, and to be in the habit of according such position to others quite irrespective of theirs. It is to take measure of the soul rather than of the body's trappings. There is yet another word frequently occurring in these letters which it may be necessary to explain. It is the German word *entsagen*. Carlyle repeatedly congratulates his brother on having learnt the meaning of this word, and in one place he writes 'My main comfort about you is to see the grand practical lesson of *Entsagen* impressing itself in ineffaceable devoutness on your heart.' He regards *entsagen*, he says, as the first lesson in all true life. With Mr. Froude's help we may interpret his meaning to be that we should in the first place learn the doctrine of renunciation of worldly gains and become able to say firmly that we can do without any and all of the various pleasant things with which the world usually rewards those who render services to it. It is, in fact, to learn, as we find it expressed in 'Sartor Resartus' 'to do without happiness and to find in its stead blessedness.' ..... Were we to attempt to sum up in brief the secret of Carlyle's strength, I think we should have to say that it consisted in his perception of the reality of things. This was a feeling which was ever present with him. Men were real to him, spirit-possessing beings, never wholly without the capability of affection, never even in the degraded condition of partridge-shooters or gig-men, losing all share in the divine element of life. Their differences, too, were real and must be taken carefully into account. The world was real, the universe real, the past had really been, and the future would most certainly come. In truth, this sort of perception is the secret of strength in us all, and its absence is the cause of all weakness. It is the very basis of all motive and of all effort. It measures our devotion to truth and our belief in its value, upon it is rooted the distrust of all shams, the hatred of all forms of lying. The gospel of duty, self-restraint, and devotion to work, was one which Carlyle had well learned, perhaps no man ever better. But there was a great failing in his attainments, one which marred the happiness of his life, and which not only robbed him of the reward which was his due, but considerably diminished the usefulness of his teaching. He had not learned what we may, I think, without irreverence style the Religion of Patience. By patience I mean not the mere passive virtue of endurance, which indeed is not unfrequently no virtue; I mean rather the ability, when we have done our best, under all possible circumstances to rest undespairingly and trustfully for the result. Dare I venture for one moment to assume the prophet's mantle myself, I would foretell that the worship of patience in this exalted sense is one upon which the present age is about to enter. If we glance back over the great mythologies of the past and note their hidden meanings, we shall observe the worship under various types, of various forms of power, of beauty, and of virtue. In the earliest ages the gods were symbols of force; they did, and not always beneficently, the great deeds which controlled the destinies of men. Next, as in such types as that of Hercules, we see force combined with human-heartedness, but still force, gross and almost purely physical in its efforts. Side by side with this sprang up the worship of beauty, especially in human and female forms, and the shrines of Juno, Minerva, and Venus, under various names in different climes, claimed their countless votaries. As the moral sense grew and human sympathy expanded, the unsatisfying nature of these Religions of the external became felt and the world witnessed events such as the self-renunciation of Buddha and the advent of what has been well termed the Worship of Sorrow. In these sublimely loving creeds there were, however, elements of weakness and of unfitness for the everyday work of the world, and the pendulum of human sentiment, as it was sure to do, swung back again towards an exaggerated estimate of physical force and natural beauty. In truth, the worship of these was far too deeply rooted in our very being for it to have ever been put aside. The other had been added, but these had not been dethroned. Nor will the introduction of a new goddess effect the displacement of any one of her predecessors. We may pay vows at the altar of patience without ceasing also to render due homage to courage, energy, and physical vigour, and without bating one jot of our admiration for the charms of external beauty, or of our reverence for that glory of soul which can find the happiness of life in pouring blessings on others. ..... Part of Carlyle's impatience was creditable, being due to the greatness of his nature in other directions, his keen appreciation of the true making him correspondingly intolerant of what seemed to him false. This topic of life-patience is one which concerns us as medical men, perhaps, more directly than some of the others which I have mentioned. To a large extent impatience of life in its various forms—acute, chronic, and paroxysmal—is undoubtedly a

result of inherited organisation or of derangement of health. Its cure, if cure there can be, must be sought from physical means, and not from any new development of opinion or fresh insight into the order of the universe. That, however, the influence of opinion and of creed upon the mental health is often very great, no one knows better than the medical observer. ..... I have said that Carlyle was impatient, and that he formed, under the influence of prejudice, very unjust opinions on some topics. Amongst others, he spoke of the doctrines of Darwin as too contemptible to be worth a moment's consideration. In putting them thus scornfully aside, I think he missed a main source of comfort in life. The truth is that what Carlyle himself was proclaiming in the language of the mystic, Charles Darwin was explaining in the language of science. Carlyle was asserting that there is a spiritual power in nature, was bidding us reverence that power as supernatural, and as working through rough and mysterious ways towards certain and definite good. Darwin, looking at the same facts from a biologist's standpoint, explained how this result did indeed come about, and that, too, through the simplest and most unmysterious ways. It has been thought by many, by believers as well as sceptics, that Darwin's explanations are melancholy ones, and that they would in short land us again in regions of mere brute force. I cannot think that this view is correct. Darwin did not impose any new 'law,' he simply interpreted the facts of nature, and nature, whether his explanations be true or false, will go on in the future as it has done in the past ..... Many ages have had their prophets and their seers, those who in the uttermost earnest have set themselves to deliver the messages with which they have been entrusted. If I am not mistaken, however, no age and no country has been more favoured in this respect than our own. I will name to you four, not that they are the only ones, but rather that they stand foremost, and because, also, I think they may be fitly held to represent the four divisions of social religion to which I have referred. To Carlyle, of course, we give the chief place, and to him we assign the priesthood of the worship of Strength. ..... There can be not the slightest doubt as to whom I ought to name as our Seer of the Beautiful. What Carlyle has done for the worship of Strength, his pupil, John Ruskin, has done for that of Beauty. ..... To Wordsworth must, I think, be assigned the office of latter-day priest at the shrine of self-renunciation and human sympathy. ..... If we go to Wordsworth to learn sympathy we must, I think, turn to another poet for initiation into the cultus of Life-patience. In this noble worship, if I mistake not, Robert Browning stands as chief priest."

His reasons for the above selections having been set forth, Mr. Hutchinson concluded as follows:—"Now, gentlemen, students of our college, in conclusion, I can but hope that none of you will consider that I have unduly neglected an opportunity of speaking to you on subjects directly pertaining to your education. I hope to have other opportunities for doing that. It has seemed best this evening to address you on topics which concern us all as men. I might have devoted the hour to eulogy of the profession which you have chosen, but surely it needs no praise. So, also, I might have praised the school which you have selected, and paid compliments which would have been very sincere, however blunt, to those at present concerned in its management and to my colleagues. But here, again, facts speak for themselves, and you are familiar with them. I have preferred to try to find you motives for work and to give you strength and confidence in study. If now I were to sum up in one sentence what I have been enforcing it would be this: the secret of all noble life lies in belief, and the characteristic of all noble minds is the vigour with which they believe that which is true. Try to attain belief in the reality of all things, so shall you never want for motives, so shall you be able to live and work without hurry and without sloth. Finally, permit me to commend to you this formula: prize strength, love the beautiful, practise self-denial, and be patient."

MIDDLESEX HOSPITAL.

INTRODUCTORY LECTURE BY DR. CAYLEY.

DR. CAYLEY commenced by alluding to the great calamity which had just occurred, and said: "A blow has fallen upon us so suddenly in the death of Dr. Lyell, who was to have delivered the address to-day, that we are unable as yet to estimate the extent of our loss. When we remember his great abilities, his untiring industry, and his blameless and pure life, we feel the bereavement great indeed. We are, however, in the position of soldiers on the field of battle, where if one is struck down there is no time to indulge in lamentations, and like them we must close up the ranks; and although we must feel the proceedings of to-day to be indeed clouded with gloom, we must endeavour as far as we can to go through the necessary business and not allow the occasion to pass without a few words of advice to students from their teachers."

After referring to the object of the meeting, and wishing "God-speed" to the neophytes in medicine, the lecturer went on to notice the various points of view from which medicine may be regarded; first, as a science, in which they investigated the growth, structure, and functions of the human body, and the various causes by which it was disturbed; next, as a practical art in relation to the cure of disease and all the means for its prevention; and, lastly, as a profession in which those who entered it might hope to pass an honourable career. Of all these objects the one most liable to misapprehension, especially on the part of the outside world, was the scientific one. The pursuit of knowledge in a scientific spirit aimed at the investigation of natural laws rather than any immediate practical advantage. Medicine was now threatened with a new danger, the arrest of experimental research, and it behoved the profession to meet the arguments of their opponents and to defend the cause which they believed to be so essential to the welfare of mankind. The objections raised to experimental research were based upon a misconception of the whole system of nature. We see through the whole domain of life an internecine struggle for existence, and man himself extirpates without scruple those animals he finds injurious to his predominance. He kills them for clothing and food, makes slaves of them, and slaughters them by thousands for mere amusement. If Harvey had lived in the time of Victoria (instead of that of Charles the First), under the present restrictions he would never have discovered the circulation of the blood, whilst the deer upon which he would have experimented would probably have been hunted to death by the royal stag hounds. Turning to the practical side of medicine, the lecturer impressed on the students the fact, that their profession required all their energies in the study of its various branches, and in the ordeal of examinations. He counselled them to let this pursuit be foremost in their thoughts, so that they might not devote too much time to mere amusement. Many people thought the medical profession was overlooked in the distribution of honours, but they were cut off from the main source of honour—e.g., high office in the State—which was beyond their sphere of activity. Neither were they in a position to acquire wealth, but must be satisfied with obtaining a competency. On the other hand, into whatever house they entered they went for the benefit of the sick, and they would win not only the respect, but the esteem and love of their fellow citizens. If so fortunate as to acquire this, they might well let the rest go, and they should so spend their time as to be worthy of the hospital in which they had been trained, and of the country of which they were citizens.

ST. MARY'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. THOMAS KING CHAMBERS.

THE lecturer began by saying that an "introductory" is usually delivered by some active junior member of the staff, who has at his fingers' ends all the special advantages which a new pupil at St. Mary's inherits. He, however, had not that personal experience now, and, in fact, was saying the farewell to his old chair, which illness prevented him saying a few years ago. He had, therefore, selected as his subject "The Relation of the Medical Student to the General Medical Council." He was the junior member of that mysterious body, and therefore supposed to be a proper person to introduce it. The Medical Council's most important duty is to watch over the student, to see that he gets justly that education for which he gives his time and money, to show him the path by which he may become a useful and honoured Englishman, and to make that path as easy and direct as possible. That the Council is performing this duty is graphically shown by contrasting the medical student as described—and truly described—by Charles Dickens, and the medical student of to-day. "I will take this opportunity of

giving you a few words of warning. Do not on any consideration make the mistake of accepting places as assistants before you have passed the qualifying examinations. By so doing you will be mixing yourselves up with a set of men who have lost all ambition of being legitimate practitioners, who have degenerated into mere drudges, whose manners and morals and education unfit them to be your companions. You run great risk of becoming like them and being equally despised; and by delaying your fitness for going up to your final examination, you are making your education more tedious, and therefore more expensive in the end. But when you have cleared examining boards off your minds, then, indeed, I do not know a more valuable part of education than that which can be got by a good assistantship. For having learnt systematically and thoroughly how to learn, you will understand quickly the details of the application of your knowledge and profit in direct proportion as you have not muddled your brains with those details beforehand. They are selfish and cruel persons who tempt you to be unqualified assistants. They do it for their own dirty profit, and it is a very bad bargain for you." Dr. Chambers then pointed out that a very great portion of this improvement of the *status* and comfort of the medical student was due to the action of the Medical Council in forcing upon parents and guardians the duty of giving a sound preliminary education to those destined for the profession. "When a student feels the satisfaction of ease in acquiring technical knowledge and a fitness for belonging to the cultured classes which early education bestows, he should not forget his indebtedness for it to the Medical Council. To the influence of the Medical Council is also due another great comfort to the student—the substitution of several examinations for that one which used to hang like a sword of Damocles over his whole career. Perhaps some may exclaim that this is worse and worse—it is the hanging up of several swords instead of one. But that is a superficial view of the matter. It is in reality a 'dilution' of the single examination, which spread over several years ceases to be a legitimate object of fear altogether. If an old man's pupilage could come over again he would certainly choose that body to examine him which most divided its examinations; for he knows that he would eat, drink, and sleep the better for his choice. Then, the curricula of the different licensing boards have been the subject of serious thought and arrangements by the Council. They are made as harmonious and as equal as possible. The student may rest assured that by following them strictly and honestly he will be making the best use of his time to ensure success in the examinations; and success in the examinations is a pledge to you that you have those qualities which lead to success in after life. Do not, my dear fellow teachers, take umbrage at what I have said as to the need of keeping examinations constantly in view. Observe the signs of the times; examination, as an engine of education, is becoming more and more powerful, and, wisely or unwisely, all orders of men are agreed in reposing their confidence in it. Trust has begotten a resolve to deserve trust; and I feel sure that the schemes of instruction suggested by the medical examining boards and approved by the Council are the best guides we can have. Your responsibility is very great; yet it is not too great to be borne by the exercise of the simple commercial virtues of (1) sobriety, (2) punctuality and (3) attention to business. Let your 'sobriety' be known unto all men in deed, in thought, and in speech. Words, as Homer tells us, have wings, and they fly to the ends of the earth. You can hardly fail to have been startled, if not awestruck, by the quotation of some chance sentence of yours out of a lecture or conversation in the mouth of an old pupil or pupil's pupil; it may reappear in the colonies or come back from America. Take care, then, that is a true message wh'ch thus travels forth. Avoid all paradox, exaggeration, or inexact illustration, however brilliant. Be assured it will haunt you, and start up when you least desire. 'Punctuality' is the homeliest of virtues, but the neglect of it by teachers is visited with very public loss of reputation. Pray remember that every minute students are kept in waiting is most likely occupied in criticising you, and in commenting, not favourably, sometimes not quite fairly, upon your person, your manners, and your teaching. I will leave you to judge if that conduces to your influence for good. 'Attention to business' is an expression which seems to demand an opinion as to what your chief business is. You will, of course, say it is to make pupils into the best and safest practitioners that the time afforded us allows of their being made. Yet teachers differ somewhat as to the surest mode of attaining this end, and, possibly, some of you may dissent from my concluding sentences. A frank submission to the mastery of the inevitable examiner is, I am sure, the wisest course, and I expect this will lead in the end to changes in our method of communicating instruction. It must gradually become less professorial and more catechetical or tutorial. I mean that a considerable part of the time devoted to each study should be occupied in question and answer on matter previously prepared by the class. The subject should be explained and enforced from the chair; not, as of old, given out fresh from the chair and learnt up by notes afterwards. The catechetical method gives a shrewdness in catching the point of a question and a facility in answering it which contribute greatly to success in examinations and to readiness in the emergencies of future life, and by bringing their two minds into more immediate contact it gives the teacher a power of measuring the progress and declaring when sufficient advance has been made to sanction the issue of a certificate of sufficient attendance. To try to gain this early would be a sharp spur to early diligence, and would ensure the presence of minds as well as bodies on the benches of our theatre. Students complain, not entirely without reason, of the number of lectures they have to sit out and of the days broken up into fragments and consumed. If you adopted this plan the remedy would be in the complainer's own hands, for he would only have to show a mastery of his subject to be free for the rest of the session and give his time to reading and ward-study. I am satisfied, by observation not limited to medical schools, that the catechetical is, of all methods, the most sure and effectual for teaching Englishmen. I should not have dared to say so much had I not observed tentative efforts made here to introduce the principle I have advocated. To succeed, the efforts must be combined, and, my new young friends, they must be co-operative: assistance on your part, hearty and forbearing, must be given or the experiment will not be a fair one." The lecturer then took leave of the theatre, where, he said, he had begun to lecture before the plaster was quite dry upon its walls, and where he left one of his first pupils as his successor.

WESTMINSTER HOSPITAL.

INTRODUCTORY ADDRESS BY DR. DE HAVILLAND HALL.

AFTER expressing his approval of the custom of opening the session by addressing a few words of advice to the students who are commencing their medical studies, of encouragement to those already known, and of farewell to those about to take flight from their alma mater, Dr. Hall pointed out some of the advantages of a small school. He thought that Westminster had deserved well of several of its larger rivals, and cited the names of men formerly on its staff who had migrated to other hospitals carrying with them the experience they had acquired at Westminster. It should not be forgotten that, in the language of one of the old reports, Westminster is "the parent of all the medical and surgical charities of these kingdoms that are supported by voluntary contribution." Then, addressing the students who had just entered, Dr. Hall pointed out the necessity of settling down to work steadily if they would avoid the temptations incidental to the life of a medical student. The lecturer regarded the examination at the end of the first year, recently instituted by the Royal College of Surgeons, as likely to be a useful check to the lazy student, and serve as a beneficial stimulus to all. In insisting upon the mental discipline of a thorough course of anatomy, and the habit of exactitude fostered thereby, he said that it was the anatomy learnt by actual dissection which was required, and not the counterfeit obtained by the aid of cram-books and tips. He therefore advised that every opportunity of dissecting should be seized, so as to get a practical knowledge of the subject as well as to acquire the manual dexterity, which he stated to be almost as important to the physician as to the surgeon. Dr. Hall discountenanced attendance in the out-patient rooms and wards before the primary examinations had been passed. "If you begin to go round the wards before you are capable of understanding and taking an intelligent interest in what you see and hear, you will in all probability

acquire the habit of doing things in a casual manner, which is destructive to anything like thoroughness." He therefore advised that only the minimum amount of attention required by the regulations of the College of Surgeons should be devoted to surgery until the primary examinations had been passed. He urged all students to make an effort to pass the first examination of the Royal Colleges of Physicians and Surgeons within the first two years, so as to leave two whole years for the practical part of their studies. He also insisted upon the importance of students having a clear understanding as to what degrees or diplomas they intend taking. "Much time is lost and inconvenience caused by the student discovering, after he has started on his career, that he requires a degree in medicine, or that the Fellowship of the College of Surgeons will be necessary. When you are once launched into practice it will be almost impossible for you to obtain a British medical degree (unless you be over forty), as all the universities except the London require residence, and the curriculum of the latter puts that out of the question." Dr. Hall was distinctly in favour of enforcing attendance at lectures; he considered that lectures could lay stress on the more important points, and that in such a progressive science as medicine attendance at lectures was the only feasible way for students to keep abreast with the daily increase of knowledge. He advocated the plan of taking short notes at lectures, to be amplified at night. In speaking of the necessity of thoroughness, he said: "If you begin your medical career with an inaccurate knowledge of the sciences on which medicine is based be sure that you will never practise your profession with anything like satisfaction to yourself or advantage to your patients. At the best you will be little better than empirics.

"Of equal importance with the mental training is the necessity of seeing that the physical needs of the body receive their due share of attention." In speaking on this subject Dr. Hall drew attention to the demands upon a medical man's energy and decision, and to the importance of good health, unless the doctor is himself to fall a victim to the very disease he was called upon to treat. As a means of preserving health regular exercise was highly praised, and students were advised as much as possible to make their recreations such as would take them into the open air, and to avoid the billiard-room. In speaking of purity of life, Dr. Hall said: "If your purview is limited to this world only it is worth your while to lead a moral life. Infringements of the moral law are frequently visited, as, alas! you will too often have an opportunity of seeing, by immediate punishment, and by what I consider as more awful a punishment, which in certain cases is shared by innocent victims. Ruined health, early death, or premature old age, to say nothing of the misery and wretchedness communicated or transmitted to those nearest and dearest, have been in many instances the lot of youth who commenced life with bright prospects; so true is the apostolic saying, 'The wages of sin is death.'"

After a few words of caution as to the choice of friends and on the means of keeping out of the way of temptation by being always busy, Dr. Hall proceeded to discuss the different openings possible to the medical man. He assumed that the majority of his hearers were destined for general practice, and he told them that with fair education, good health, and tact, they might rest content that they would earn for themselves a living, and in many cases a very comfortable one. He strongly advised those who were intended for general practice to go as assistants for a time before starting on their own account, so as to learn something of the requirements of general practice. He then spoke of different modes of starting in practice. Those who were anxious to see something of the world before settling down had a wide field of choice—i.e., there were travelling appointments to be had or surgeoncies in the mercantile or emigration services. For those who wished for work of a still more permanent character, the three branches of Her Majesty's service were open—viz., the Army Medical Department, the Indian Medical and the Naval Services. "Ten years ago and less the Indian Medical Service was the only one which attracted good men; the two other services were literally starved. But of late years, owing to the increased pay and improved regulations, there has been a keen competition for all these services. For instance, at the last examination, held in August, there were ten vacancies for the army and thirty candidates, the same number of vacancies for the navy and twenty candidates, whereas for the eight vacancies in the Indian Medical Service there were forty candidates." Dr. Hall then discussed the respective advantages of the different services, and pointed out that there was ample scope for scientific workers in the department of public health. After reading the Hippocratic oath *in extenso*, he concluded his address as follows:—"The enlightened morality of the oath, and the admirable rules laid down in it for the conduct of the medical man towards his patient, leave little to be desired, and if you only act up to the spirit of this document, over two thousand years old, you will attain, if not wealth, at all events the respect and esteem of all with whom you come in contact, and a happy hereafter."

THE PROTECTIVE POWER OF VACCINATION.

To the Editor of THE LANCET.

SIR,—In your last issue, under the above heading, you refer to the importance of inoculating vaccinated persons with variolous virus to furnish undeniable evidence of the protection afforded by vaccinia against variola. This has been done, as you know, over and over again, especially during the earlier years of this century; and if such a test would convince "anti-vaccinationists," or would inspire confidence in vaccination among those hesitating as to its efficacy, I would refer them to the literature on vaccination and small-pox issued in Dr. Jenner's time, in which they will find scores of experiments recorded like those suggested by Dr. Cory and Dr. Mitchell. Those opposed to vaccination who will not listen to reason need no further notice; but others, who have perhaps thought and read more on the subject—who at all events are amenable to conviction—will say, inoculated variola is a very different disease from contagious small-pox, and is indeed, so mild a form that it was employed for many years as a prophylactic against contagious variola. This brings me to record an instance which occurred to me some years ago, and no doubt many such experiences have to other general practitioners, though they have not published them. A few years since, when small-pox was raging here, I was notified of a certain case in a house in Birkenhead; and, as public vaccinator there, I visited the house to offer its inmates the advantages of vaccination and revaccination, and thus to stamp out what might have initiated an epidemic. I found the subject of small-pox to be a tramp's child, living with its mother in the attics. With this patient I had nothing to do; but on inquiry I learned there lived in this house two other families, consisting each of a father, a mother, and half a dozen children. Of the children only one was under six months old, and accordingly the only subject for compulsory vaccination. The mother readily agreed to its being vaccinated. The other children bore marks of successful vaccination during infancy. Of subjects suitable for revaccination (that is, persons over twelve years old who had not been successfully revaccinated previously) there were only the parents. Therefore I arranged to visit the house again when the men would be at home, and on offering both husbands and wives revaccination, warning them that if they did not accept revaccination they would be attacked by variola, the women agreed and were revaccinated, the men "trusted to Providence." Father, mother, and children of each family slept in the same room, several of them together in the same bed. On that day week, as predicted, the mothers and the infant showed vaccinia, the fathers showed variola. They continued to sleep together but no more cases of small-pox occurred in this house. The original source of variola was removed to hospital. Here is an undeniable instance of contagious variola being prevented by vaccination from attacking children of various ages and adults, while it found victims sleeping in the same bed.

I am, Sir, yours truly,

Liverpool, Oct. 2nd, 1882. P. M. BRAIDWOOD.

THE THIRLMERE WATER SCHEME.—The hearing of this case has at last terminated, and the arbitrator will, it is expected, make his award on the 30th inst. The owner of the property required by the Corporation of Manchester demands a sum variously assessed at £75,000, and £93,000, whereas the Corporation consider £20,000 a sufficient equivalent for the property.

THE LANCET.

LONDON: SATURDAY, OCTOBER 7, 1882.

THE medical students who came up to their winter's work on Monday last will have no reason to blame the Introductory Addresses if they begin work in an unintelligent mood, or prosecute it with low motives and on wrong principles. It is true that the range of topics discanted on by the lecturers was very great, embracing everything, from the biography of CARLYLE to the peculiarities of Englishmen which explain the success of the expedition to Egypt. But even this fact does not detract, in our judgment, from the general excellence of the addresses. It is not to the point to complain of the occurrence of commonplaces and platitudes in them. Such things are not such to the young minds who are hearing them for the first time, or even, as in the case of the fourth-year student, for the fourth time. They belong to that class of truths which never pall on serious minds, and, as Dr. T. KING CHAMBERS said in his address at St. Mary's, the medical student of the present day realises that he is engaging in a serious undertaking, and is prepared to give a hearing to any respected teacher who sets forth in fairly clear terms the nature of the duties immediately or distantly before him. In no previous session that we recall has there been a better exposition of the principles of medical education than that contained in the address of Mr. MARCUS BECK, which, though delivered with singular quietness, was listened to from beginning to end with unbroken attention, or attention only broken by the appreciative laughter which was called forth by sundry very happy pieces of humour. Mr. BECK was unsanguine enough to say, in the presence of a Royal Commissioner, that we are no nearer a better examining system than we were before the investigation of the Royal Commission. We do not agree with him here; but *nous verrons*. We heartily agree with him in his suggestion that the time has come when the Apothecaries' Company might be allowed to retire from examining work, while fully admitting also with him its usefulness in times when more pretentious corporations were above their business. Not less able and complete was the address at St. Thomas's by Dr. SHARKEY, in which the foundations of medicine in anatomy and physiology were well laid, and the claim of physiology to be considered an exact science was shown to be bound up with the careful practice and use of vivisection. Dr. SHARKEY dealt iconoclastically with homœopathy, and showed that in a scientific conception of medicine the doctrine of specifics had no place. Both Mr. BECK and Dr. SHARKEY found occasion in their addresses to note the remarkable advance of surgical medicine, and to pay a well-merited tribute to PASTEUR and LISTER. Dr. HERBERT WATNEY, at St. George's, was most happy in describing the respective claims of the scientific and the practical in the studies of the medical student. Dr. CHAMBERS spoke, as he always does, in admirable English, and with equal sense. He might have had a better subject than that which he took for his principal thesis—the eulogy of the Medical Council. But as the youngest member of that "mysterious body," it was at least gallant in him to undertake its defence. His audience would be apt to think that he had caught some of the "mysteriousness" of the Council when he spoke of the obligation of the student to that body for the "great comfort of several examinations instead of one," and the simplification of the curricula. This is rather bold, when we consider that there are still nineteen existing Bodies, scarcely two curricula alike, and that each Body has about three examinations. His advice to unqualified students not to put themselves into the relation of assistants to practitioners is very good as applied to those practitioners whom Dr. CHAMBERS doubtless had in his mind, who conduct a number of sham practices. The best part of his address was that in which he advocated less lecturing and more close contact between teacher and pupil. Dr. HAVILLAND HALL, after vindicating the institution of introductory lectures, enjoined thoroughness, commended attention to physical health, and summed up the duties and responsibilities of medical men by reading *in extenso* the oath of HIPPOCRATES, which is still unsurpassed after some two thousand years. The school of King's was honoured by the presence of Mr. W. H. SMITH, who described the interest he used to feel in the administration of the hospital in the days of TODD, BOWMAN, and FERGUSSON, and the value of hospitals as places of education, both to the pupil and the public.

Students are thus introduced by one man or another, by one argument or another, to the great work of learning medicine, and then they are thrown on their own responsibilities, with the terrible option to be idle or industrious, to be hinderers of others or helpers, to lay the foundations of respect and reputation or otherwise. Let them count the cost. Their life now will be private, their work done in secret. Let them see to it that it is well done, so that when the examination time comes round, as it will with rapidity, the high morality of the opening lectures may be realised.

IT is a remarkable fact that until quite recently our knowledge of the changes occurring in the bloodvessels of a limb after amputation has been most scanty, and the subject has been dismissed in our text-books by a bare statement that the bloodvessels of a stump are obliterated up to the next collateral branch, with in some cases a reference to the cases of aneurismal varix recorded by CADGE and AGNEW. M. VERNEUIL has studied the vessels carefully and has greatly enlarged our knowledge, and in two recent numbers of the *Revue de Chirurgie* M. SEGOND has brought forward more evidence of the same nature in a paper in which the facts upon which a judgment is to be founded are clearly stated and ably discussed. The observations have been made on limbs at very varying periods of time after amputation, and they have mainly consisted of a careful comparison of the vessels of the two limbs, which has been simplified by the previous injection of tallow through either the arch of the aorta or the abdominal aorta. The chief result obtained has been to show a marked diminution of the calibre of all the vessels in a member after amputation as a constant and early effect of the mutilation. One of the most striking cases quoted by M. SEGOND is one of amputation of the forearm, in which this mode of comparative research showed that

all the bloodvessels of the mutilated limb, even as high up as the subclavian arteries, were markedly reduced in size. In another case of old amputation of the leg the arteries were found considerably diminished in size from the end of the stump quite up to the bifurcation of the aorta. Accurate measurements showed that the loss of calibre in the arteries varied between four-fifths to one-fourth of the primitive calibre, being greatest at the extremity of the stump. Precisely similar changes have been demonstrated in the veins of these limbs, and in a case of amputation through the lower third of the thigh, the femoral vein was found to have lost three-fourths, and the external iliac vein three-fifths, of their primitive calibre. As a result of these changes in the bloodvessels there is a smaller supply of blood to these parts, and it is a familiar fact that stumps are colder than the rest of the body, though it is not so generally known that this is true of the whole of the shortened limb, and that the pulse is less strong than on the sound side, while, if re-amputation is subsequently demanded, there is less hæmorrhage than on the occasion of the primary amputation. The dissections which showed this diminished calibre of the vessels demonstrated also a wasting of the nerves, muscles, and bones of the same parts. The bones were lighter than their fellows, and were found to have undergone concentric atrophy, with in some cases marked thinning of the compact tissue. Thus, in the case of a man who had submitted to amputation through the lower third of the left forearm, the clavicle and scapula were respectively four and twelve grammes lighter on the left than the right side, and between the two arm-bones there was a similar difference of fifteen grammes in weight and seven millimetres in length. This same case illustrated well the changes in the muscles, for while the right deltoid weighed 300 grammes, the left weighed but 220 grammes; and similar differences were found in all the scapular muscles as well as those of the arm and forearm.

Several interesting questions arise in connexion with these facts. Is there any causal relation between the atrophy of the limb and the shrinking of the bloodvessels, and the attendant lessened blood-supply? Are the two events coincident? Are they both effects of one common cause? When does the shrinking of the bloodvessels commence? What is the actual force causing it? What changes are to be observed in the coats of the vessels? To some of these questions no answer can at present be given with confidence. But it appears that in no case has atrophy of the soft parts been observed without attendant lessening of the size of the bloodvessels where this has been looked for, while in a case of amputation of the leg examined after ten days by M. PONCET the femoral artery was already noticed to be smaller than its fellow of the opposite side; and although the muscles were not accurately compared, it is hardly likely that in so short a time they would have materially wasted. As the result of direct experiment upon a dog, M. SEGOND found in one case that two months after amputation of the right thigh the gluteal muscles of the two sides were of equal weight, while the right iliac and femoral arteries were visibly smaller than were the left. We may thus infer that the shrinking of the bloodvessels does not follow, but may precede, the wasting of the other tissues, and that it is a very early change in amputated limbs. If this be so, we may with great probability ascribe the wasting of the soft parts to the lessened supply of blood received by them. The cause of this lessening of the supply of blood is not very apparent. M. SEGOND states that from experiments he has made he can affirm that when a ligature is placed on an artery in its continuity the blood-pressure on its cardiac side at once falls to a considerable extent, and he is disposed to attribute the shrinking of the bloodvessels to this fall in the local blood-pressure. The question then remains by what mechanism this fall in blood-pressure is brought about, and why does the blood-pressure fall in the iliac arteries after amputation of the leg. Again, by what histological change is a temporary contraction of the wall of a vessel converted into a permanent diminution of its calibre? At present there are no facts at hand to show the actual condition of the tissues of these shrunken vessels. M. SEGOND mentions a case of a dilated subclavian artery with very hypertrophied walls which he found in a man who had lost his arm at the shoulder. MAURICE RAYNAUD, CHAUVEL, and PIHET describe thinning of the walls of the vessels after amputation, but M. SEGOND did not observe this in any of his cases, so that we must consider this as a question awaiting solution. Much light will be thrown upon this inquiry by similar precise observations of the bloodvessels under other somewhat analogous circumstances, such, for example, as paralysed limbs, limbs with one or more stiff or useless joints, and limbs after excision of joints.

THERE may be a difficulty or an impossibility of obtaining actual uniformity in the minimum examinations of England, Ireland, and Scotland. But there should neither be difficulty nor impossibility in roughly equalising the examinations which in the three divisions of the kingdom respectively correspond to each other, and which confer the same imperial privileges. It is easy to believe, what a study of the evidence taken by the Parliamentary Committee before the legislation of 1858 will show, that there was an understanding among the licensing authorities in the different parts of the kingdom that in sweeping away territorial limits of qualification there was to be an honourable attempt to make qualification mean the same amount of knowledge and skill. Such an understanding was of the very essence of that legislation. Practically this question has reference almost exclusively to the medical corporations of England, Ireland, and Scotland. It is not pretended that any university in the kingdom now so far forgets its own dignity as to confer its degrees on really unworthy candidates, at any rate on any large scale. The important question is this, Are the corporations in each division of the kingdom holding up the minimum examination, by which the bulk of the profession is admitted to practice. Differences in the curriculum are not so important, though this subject deserves much more attention than it has yet received, as does also the question of differences in the fees for diplomas. The difference between twenty pounds and thirty for a diploma is very much the same in London as it is in Edinburgh, and there is no good and substantial reason for any difference. The care of the Hunterian Museum involves the College in an annual expenditure, according to the accounts of the College given in the Appendix of the Blue-book, of £2360. But this

work of the College is done for the nation, and should not be paid out of the fees of candidates for the diploma. But, we repeat, questions of difference in either the fees or the curriculum, though important, are infinitely less serious than questions of difference in the substantial severity of the examinations.

The testimony of the witnesses before the committee is almost unanimous to this effect—that the examinations are not equal, that one examination is defective in one thing and another in another, and that men who are unable to pass in one place pass with considerable certainty in another. As regards the London corporations, the general impression conveyed is that the examination of the Apothecaries is less severe than that of either of the Royal Colleges. The examination of the Royal College of Physicians is very generally approved and escapes criticism the most. That of the Royal College of Surgeons of England, according to some witnesses, is objectionable in that it is uncertain, and that the candidate is too much hurried. Sir JAMES PAGET and Mr. HEATH seem to think that it is pitched fully high enough. The uncertainty of this examination and the haste of it were remarked on by the visitors of the General Medical Council. The uncertainty of it is so generally admitted by teachers and students that the College itself should make the complaint a matter of inquiry. It is only fair to the examinations of the Scotch Corporations to note that one witness at least, Mr. COOKE, said with regard to them that "they are conducted in a more uniform and reliable way as regards the results—that is, the results of the pass and pluck. I could feel much more sure that a man fairly up in his work would pass at the Scotch examinations than that the same man or even a more brilliant man would pass the English examinations."

Nearly all the witnesses were unanimous in saying that there is a great tendency in students to go from the examinations of the English and Irish corporations to those of the Scotch corporations, and that many who failed in the English and Irish examinations came back with flying colours and a double diploma from Scotland. One explanation of English and Irish students taking the double diploma in Scotland was scarcely mentioned—namely, a vague notion that the licence of the College of Physicians entitles the holder to use the title of "Dr." In all the history "of inform basisis," as Artemus Ward would say, there is none more shaky than this basis for an academic title. But it counts for something in the explanation of an undoubted fact. But the most serious thing is the evidence of such men as Sir JAMES PAGET, Mr. HEATH, Mr. SAMPSON GAMGEE, Dr. JACOB, and others, to the effect that men rejected at one examination pass easily at another, and that the easy examination, where everything is made pleasant, is that of the Scotch corporations. Sir JAMES PAGET says, "I have to admit reports which I am bound to believe that in the Scotch corporations they are admitted too low." We all know Sir JAMES'S carefulness and his mastery of language. But even when pressed by Professor TURNER to mollify this conclusion, he stuck to his point, and said, "I cannot give you names, and I cannot give you numbers. If it were to be denied and disproved by numbers, I should be surprised; I cannot say more than that." This is grave testimony. The evidence of Mr. HEATH as an examiner in the English College of Surgeons was more direct. Mr. HEATH said distinctly that he had known many men who fail here go to Glasgow or Edinburgh and return with the double licence. Mr. GAMGEE'S evidence was equally founded on personal knowledge. He says he has several times addressed his class in confidence and said, "How is it that A. B—— went to Edinburgh or Glasgow? Can you tell me anything about what is the feeling of students on the choice of examination?" They have said, "We know very well that the Scotch colleges give the easiest examination. If a man is plucked here he can go there, and," to use a student's expression, "bring his ticket back." Another serious evil brought out in the evidence before the Royal Commission is the fact that men can take part of their examination in one place and part in another, picking and choosing according to their estimate of the chance of passing. This too is an evil chiefly affecting the Scotch corporations and the Apothecaries' Society of London. Dr. SEMPLE, asked to explain how so large a number of young men came to the Apothecaries' Hall for their final examination who get their earlier examination elsewhere, said, "They consider our earlier examination too severe. They go to the College of Physicians of Edinburgh and get over the Chemistry somehow or other, or to the Faculty of Physicians and Surgeons of Glasgow. At any rate, they get over it somehow, and then they come back."

It would thus seem that the Scotch corporations look as compassionately on those who dread the examinations of the Society of Apothecaries as on those who break their heads against the rocks of Lincoln's-inn. The general impression left on the mind of the reader is that there is a complete absence of that fair approach to equality which the equal privileges enjoyed by the corporations should imply. Such aspersions on the insufficiency of the examinations of the Scotch corporations constitute a great hardship to those who hold the diplomas of these bodies, the majority of whom doubtless wish for no favour, but for a fair examination. Unless they can be refuted—and we are bound to say we see nothing in the evidence of the Scotch witnesses that does so—these diplomas must suffer seriously in public estimation, and the corporations which grant them will incur a heavy responsibility in opposing legislation which has for its object to secure that bodies professing to apply the same tests shall really do so.

THE present is essentially an age of observation and experiment. In science generally, whether we consider the pure scientist like DARWIN, or he who, like Dr. SIEMENS or Sir W. THOMSON, seems to strike the happy mean between the purely speculative and the rough-and-ready application of scientific truths to practical matters, we find that it is by experiment chiefly that advance is made, and that whatever cannot subject itself to this test must expect but scant courtesy or consideration. The remarkable success which the method has met with during this century, and more especially during the past few years, would at first sight indicate the present year of grace as a most unfitting time to question whether the rigid restriction now put upon the imagination in science is likely to help or hinder the progress of the latter. The exceeding exactness of every test seems not only to have left no room for the

poetic faculty, but has to a large extent, in the minds of many, deprived the accurate logical method of much of its value. To the deductive logician at least there is little of hope left; and if MACAULAY'S views of the Baconian method be correct, a formal adoption and study of its laws of thought can little help the man of science. Judging entirely by experience, and giving due credit to the patient toiler, it would appear that many of the most brilliant discoveries were made by some grand intuitive process which we call genius, and some of these, though most firmly believed in and accepted by all, may not even now be capable of demonstration. It was not by experiment that BLACK was enabled to declare the theory of latent heat; NEWTON could not demonstrate satisfactorily his theory of gravitation; GROVE or FARADAY could not perhaps by the modern method satisfy his hearers as to the truth of the far-reaching ideas of the conservation of force and matter; nor could Dr. TYNDALL, practical though he is, get gathered together that wonderful waistcoat-pocketful of etherial particles of which he speaks so eloquently. Such flights of fancy are now left to the poet, poetry and science being considered almost as repellant forces. In medicine we go on assiduously gathering cases as representing facts; but the observers are few who from these can boldly and correctly generalise, and timidity is felt in giving expression to views which cannot be fully proved. In the past, especially when theories were put forward by men of standing in their respective professions, there was some chance that, if incorrect, they might lead to dangerous practices; but now that criticism is so keen and tests are so rigid, there is little risk that harmful results will follow the enunciation of views that may be somewhat wild. The wings of fancy have been clipped, with doubtful advantage to science, and we might do well to more fully appreciate "the instinctive grasp which," according to Mr. RUSKIN, "the healthy imagination has of possible truth." When Sir J. PAGET says to the student, "There are such things as green roses: show the analogies between a green rose and a rickety child?" he but asks that breadth of view may be given to our studies, and exemplifies the grace which imagination has so often lent to his own discourses. While desiderating the due exercise of the higher mental powers of generalisation, and foreseeing that, without these, accumulated experience may often be little better than a rubbish heap, it would be absurd to depreciate the immense advantages to medical as well as all other science arising from the patient and profound observations of workers who have less fully developed the imaginative faculty. RUSKIN has said, "I believe there has been no true discoverer, from GALILEO and KEPLER, to DAVY, OWEN, and our own GOODSIR—the Nimrods of possible truth,—without wings"; and in this connexion SCOTT'S delighted expression on seeing the process of *singeing* muslin, by passing it rapidly over a rolling bar of red-hot iron, may be quoted: "The man that imagined this was the SHAKESPEARE of *Websters.*"

IN consequence of the death of Dr. Silver and domestic affliction in the families of various members of the staff of the Charing-cross Hospital, no introductory ceremonies or festivities were engaged in at the opening of the School on Monday, Oct. 2nd.

Annotations.

"Ne quid nimis."

TREATMENT OF THE SICK AND WOUNDED IN EGYPT.

CERTAIN damaging statements having been made with respect to the treatment of the sick and wounded, and the administration of the Army Medical Service in Egypt, we have much pleasure in publishing the following extracts from letters by our special correspondents at Cairo and Ismailia. It will be seen that the testimony given entirely refutes the current allegations of mismanagement and failure.

Ismailia, Sept. 17th.

I have had an opportunity of seeing all the cases that have been treated antiseptically. So far, the results appear highly satisfactory, and I question if any small field hospital depôt ever did more or better work in the time on the 13th than was accomplished here. Since my arrival here yesterday I have seen a large number of the cases in the hospital, also on board the *Carthage* and *Orontes*. All that could have been done at home seems to have been done; and as far as I can ascertain there is an ample supply of surgical and medical stores. We only want independent transport to be perfect. People do not understand the principles of the field hospital system; practically it is capable of going anywhere and doing all that can be reasonably required of it.

Cairo, Sept. 22nd.

At Tel-el-Kebir, on September 13th, an advanced depôt (No. 3) field hospital was found at one of the entrenchments vacated by the enemy. The tents, stores, and establishment went down the Fresh Water Canal on the previous night in a flotilla of boats. On arrival the stores and *personnel* were disembarked, and the flat-bottomed horse-boats were littered with hay and supplied with planks for the easy access of the wounded. At 9.30 A.M. the first wounded European came in, and from that time until after dark the hospital was fully worked. There were twenty-five tents in all pitched. Seventeen non-commissioned officers and three of the Army Hospital Corps (exclusive of Captains Pringle and Osborne); two surgeon-majors, viz., Surgeon-Major Robinson in charge and Surgeon-Major Troup; three surgeons, Battersby, Beatty, and McGrath; Surgeons Reynolds, O'Kief, and Surgeon Sykes, I.M.D., dropping in, lent a hand at the work. The wounded were all treated antiseptically—that is, washed with carbolic solution, then the wounds themselves were dusted over with iodoform, a protector applied, and a large pad of boracic acid lint on carbolic gauze. Dr. Crookshank, House-Surgeon, King's College Hospital, undertook the preparation and arrangement of the antiseptic dressings. Two amputations were performed, and twenty bullets extracted. Two hundred Europeans were received, fed, and treated, and had opium by mouth or hypodermically, including eight officers, five of whom were seriously injured. Seven men were buried, and a grave dug, the Church of England Service being read. The Egyptian wounded received (amounting to 200) were treated as nearly as could be like the Europeans. The wounded were sent down the canal in two batches, being towed in large boats. The first batch left at noon. The boats returned at 6 P.M., but all the wounded could not be got off before 8 or 9 P.M. Their transit was admirable; easy and smooth, as if going over glass. The naval officers did splendid service, and were most untiring and obliging in their efforts. On arrival at Kassassin Lock Hospital (ten miles) the last batch of wounded were left on board the horse-boats; but hot food and drinks were supplied them, with opium and brandy, and a medical officer was left in charge. At Tel-el-Kebir Railway Station, from the 14th to the 17th September, the

following service was performed under the superintendence of Surgeon-Major Walshe:—Five large tents were pitched; 534 wounded Egyptians in all were collected; all the cases were dressed antiseptically; twenty-seven capital operations were performed; 202 of the wounded were sent to their homes; the rest were taken charge of by their own native doctors and sent by special train to Cairo. They were supplied with twenty-five tins of meat, 1000 biscuits, three bottles of brandy, and a large skin of cold water was supplied to each railway truck. The medical officers in charge were Surgeon-Major Walshe; Surgeons Rogers, Gallway, Kelsall, and Gardner (Grenadier Guards).

FOOD MAKES THE MAN.

SPEAKING roughly, about three-fourths, by weight, of the body of man is constituted by the fluid he consumes, and the remaining fourth by the solid material he appropriates. It is therefore no figure of speech to say that food makes the man. We might even put the case in a stronger light and affirm that man *is* his food. It is strictly and literally true, that "A man who drinks beer thinks beer." We make this concession to the teetotalers, and will add that good sound beer is by no means a bad thought factor, whatever may be the intellectual value of the commodity commonly sold and consumed under that name! It cannot obviously be a matter of indifference what a man eats and drinks. He is, in fact, choosing his animal and moral character when he selects his food. It is impossible for him to change his inherited nature, simply because modifications of development occupy more than an individual life, but he can help to make the particular stock to which he belongs more or less beery or fleshly or watery, and so on, by the way he feeds. We know the effect the feeding of animals has on their temper and very natures; how the dog fed on raw meat and chained up so that he cannot work off the superfluous nitrogenised material by exercise becomes a savage beast, while the same creature fed on bread-and-milk would be tame as a lamb. The same law of results is applicable to man, and every living organism is propagated "in its kind" with a physical and mental likeness. This is the underlying principle of development. Happily the truth is beginning, though slowly and imperfectly, to find a recognition it has long been denied. It is possible that in the natural desire to secure the best and purest supplies of food and drink for man we are pushing matters a little to extremes and becoming ridiculous. Utopia is a long way off, and "Hygeia" has not yet been built. It is, however, desirable that we should aim high and make the teachings of physiological science the precepts of our daily life and conduct. We may not be able to reach our ideal, but progress will be advanced by striving to make its attainment an object. "What to eat, drink, and avoid" is a rational proposition; and if some of us are becoming a little unreasonable in the attempt to solve it, at least we are on the right road, and ought to be encouraged rather than abashed by the, not unkindly, criticism our endeavours are calling forth.

GROCERS' LICENCES AND "LOCAL OPTION."

WE have no sympathy with the policy of Sir Wilfrid Lawson. Our professional judgment in regard to "stimulants" has been uniformly delivered in favour of moderation in their use—neither abuse nor total abstinence. We do not think society has any right to put it out of the power of its members to procure stimulating beverages because these happen to be intoxicating when taken in excess. Therefore we are opposed to "local option" as the teetotal baronet understands and would establish it. In regard, however, to the *mode* in which drink shall be supplied to the public, we think the ratepayers of a locality might be fairly consulted. At first sight it may seem that we surrender the principle for which Sir Wilfrid Lawson contends by urging that the householders of a licensing district should have the power of prohibiting, by a vote of their majority, the issue of licences to the grocers within their locality. It may be, and is argued, that the limitation or prohibition of grocers' licences at the will of a local majority stands on precisely the same footing as the interdiction of retail licences, generally, would stand if "local option" became the law of the land. Practically the two schemes are entirely different because the refusal to allow "public-houses" for the sale of drink on draught would put it out of the power of the bulk of the population to purchase alcoholic beverages. It is with that intent "local option" is promoted! The working man could not lay in a stock wholesale, or if he did he would be exposed to the temptation of consuming it too rapidly. Sir Wilfrid Lawson and his friends distinctly mean to embarrass the consumer and cut off his supplies. We have no such purpose in recommending that the ratepayers of a district should have power to prevent the issue of grocers' licences. The refusal to allow grocers to sell bottles of brandy, gin, and sherry—which weak-minded women conceal in their boudoirs and consume in secret, to the serious detriment of their health and the destruction of their domestic happiness—would not in any way affect the liberty of the subject to drink spirits or wine with his meals. At Burnley the view of the householders has been tested, and 7776 of the citizens have decided against the issue of grocers' licences, while only 508 were in favour of their being granted within the district, and 387 were indifferent. We anticipate a similar expression of opinion elsewhere, and therefore we wish it were possible to establish "local option" in relation to these particular licences and them only.

SMALL-POX AND VACCINATION IN STEPNEY.

THE medical officer of health for the Board of Works district of Limehouse has recently issued his annual report for 1881, which contains some interesting facts bearing upon the prevalence of small-pox and the work of the public vaccinator within the district. The sanitary district of Limehouse appears to be co-extensive with the registration district of Stepney, such confusion of names being matter for regret. During last year 42 deaths from small-pox occurred among the residents of the district (of which but 12 were recorded within the district), 27 in the hospitals of the Metropolitan Asylum District, and 3 in the Highgate Hospital. These 42 fatal cases were 11 above the average annual number in the preceding ten years. The medical officer states that 246 cases of small-pox were reported to him during the year, 161 of which occurred in the five months ending June. Satisfaction is expressed at the zeal with which the Vaccination Acts are administered in the district, but some important figures are quoted from the report of the vaccination officer of the Stepney Union, which call for the serious attention both of the Local Government Board and of the General Register Office. The number of births registered within the district during 1881 was 2204; 1870 of these infants were successfully vaccinated, 183 died, in 16 cases vaccination was postponed or proved unsuccessful, 25 cases were removed to other unions and notice was duly sent to the respective officers, 9 remained unvaccinated, and in no fewer than 101 cases false addresses had been given by the informant at the registration, with the purpose, it may be presumed, of evading vaccination. There can be little doubt but that these 101 children, or as many of them as may be still alive, remain unvaccinated. The medical officer of health points out that, if this practice prevail to the same extent in other parts of the metropolis (which we should hope is scarcely probable), more than 6000 children annually "escape vaccination in London alone, by the simple device on the part of the

parent of giving a false address when registering the birth of a child." The inquiry is naturally suggested, how many escape vaccination by the omission to register at all? Surely such a state of things calls for thorough investigation at the hands of the central authorities for vaccination and registration.

VASO-MOTOR PHYSIOLOGY.

THE vaso-motor effects which are produced by faradaic stimulation of the peripheral segment of the lingual nerve have been lately studied by M. Vulpian. This stimulation is well known to cause a considerable dilatation of all the vessels of the corresponding half of the tongue in the region in which this nerve is distributed. The experiment is easily performed on a dog under the influence of morphia, or which has been curarised and subjected to artificial respiration. The mucous membrane in this region, and also on the corresponding side of the frænum, becomes bright red, and a similar change may sometimes be observed in the mucous membrane of the gum on the inner surface of the lower jaw near the canine and incisor teeth. The principal vein of this part of the tongue becomes turgescent, and the blood contained in it and its tributaries becomes bright in colour, resembling that of arterial blood, while there is a corresponding rise in the temperature of the part. These phenomena are produced sometimes after the lingual artery has been tied, and even after the internal and external carotid arteries of that side have been tied just above their orgin, and the carotid itself has been tied in the middle of the neck. Nor are they prevented even by the ligature of the common carotid and the vertebral. The effects are equally marked after the section of the vago-sympathetic trunk, and after excision of the superior cervical ganglion. When the circulation has been definitely arrested, as by the farado-puncture of the animal's heart through the thoracic wall, the opposite half of the tongue becomes pale before that on which the lingual has been faradised. Thus the effect of the stimulation is opposed to the occurrence of the constriction of the vessels, which occurs throughout the body almost immediately after death. Another remarkable fact noted by Vulpian is that at the moment when the dilatation occurs, in consequence of the faradisation of the nerve, there is a distinct contraction of the vessels on the opposite half of the tongue. It is not merely the result of the determination of blood from one half of the tongue to the other, but is the effect of a distinct activity of the vaso-constrictor nerves, for there is a distinct darkening of the blood. This condition, however, does not last so long as the dilatation of the vessels on the faradised side. The latter may continue for ten minutes, while the former has disappeared in half a minute. This vaso-constriction appears to be reflex, for it is far less conspicuous if the vago-sympathetic trunk on that side has been previously divided. The lingual nerve seems thus to possess a certain amount of recurrent sensibility, which is manifested by this reflex action when the peripheral extremity of the divided nerves is stimulated.

SHAM DISPENSARIES.

IN a recent number of the *Queen* appeared an article directing the attention of ladies who visit the poor to the fact that there are dispensaries and dispensaries. We have several times pointed out that by sham dispensaries a great fraud is practised on the poor, especially in the metropolis. Here it is hopeless for the applicants to distinguish between one man and another, between the qualified principal and his unqualified *locum tenens*. The word "dispensary" is greatly to blame for the extent of this fraud. It has very much the same significance to the poor as the word surgery. It may be used by the most unqualified person with nearly the same effect as a medical title, but with this advantage that it is not included in the penal clauses of the Medical Act. It is true that the Medical Council has determined that a qualified medical man who sanctions by his name a dispensary where the patients are attended chiefly by an unqualified assistant is guilty of infamous behaviour in a professional respect, and lays himself open to be taken off the Register. But there is still need of such articles in the general press as that we allude to, and there is equal need for ladies and gentlemen too, who concern themselves with the welfare of the working and poorer classes, to study the question of their medical attendance. They should know that the connexion between cheap and unpleasant things holds especially in medicine; that the poor can for a guinea or two a year, in a provident way, in instalments, have the attendance of a respectable practitioner living near them, and that if this is not practicable and beyond their resources, the free dispensary or the Poor-law dispensary is available.

THE INFLUENCE OF SCHOOL-WORK UPON THE HEALTH OF THE YOUNG.

AT the suggestion of the departmental authorities of Alsace-Lorraine, and under the supervision of the Imperial German Goverment, a commission of nine leading medical men of Mulhouse and Strasburg has been for some months occupied in the framing of an educational scheme based on the fundamental requirements of corporal and mental health. The specific object of the investigation was to see how far existing regulations are in harmony with those requirements, and to arrive at an idea of the most essential points which should be kept in view in the drawing up of further educational schemes. In their report, which has recently been issued, the opinions of the commissioners are expressed at considerable length, and stress is laid upon the fact that the principles of mental education have not partaken during late years of that progressive improvement which has characterised most branches of knowledge. Thus the greater variety of instruction which is imparted by modern education fails in many cases to accomplish its purpose, and is of advantage only to pupils of more than average capacity. It is urged that the experience of every doctor will confirm the assertion that much evil arises from school-children remaining too long in a cramped or otherwise restrained position, and from the excessive and premature strain to which the youthful brain is often subjected; while the dangers of moral and physical infection are always present. Improvements in the ventilation and the sanitary arrangements of schools, however important in themselves, are, it is urged, of comparatively little use, when the pupil is kept for too long a time every day in a combined state of bodily inactivity and mental tension. Dr. Finkelnburg's experience shows that amongst the young men who have of late years passed the educational standard which qualifies them for voluntary military service, no less than 80 per cent. were physically unsuited for the army; this proportion being nearly double that of the ordinary recruits who for temporary or permanent reasons fail to satisfy the medical officials. Between the ages of twelve and fourteen the average duration in Germany of school attendance (inclusive of the time devoted to singing and gymnastics) is thirty-two hours a week. Adding to this work the necessary home preparation of two to three hours a day, there is a diurnal task of eight hours' duration (involving for the greater portion of the time a sedentary posture) imposed upon youthful pupils at an age when fresh air and exercise are specially necessary. It is suggested that the pauses for rest should be of ten minutes' duration after every two hours of study, even if this pause comes at a comparatively short time before the close of work. The best time for holidays is stated to be from the beginning of August

to the middle of September. The necessity of clearing the class-room at intervals to allow of fresh air being freely admitted is recommended. The effect upon the visual organs of the manner in which the light is admitted, and the best style of printing for school-books, are also discussed in a practical and exhaustive manner.

"FEEDING LUNATICS."

IN another column we gladly print a letter from Dr. Cobbold, who, after an able and meritorious career as "assistant medical officer" in some of the largest and best conducted asylums for lunatics in this country, has been appointed medical superintendent of Earlswood, in succession to Dr. Grabham, who has been chosen as inspector of lunatics in New Zealand. Dr. Cobbold's communication is on the "feeding of lunatics," and he writes with the authority of a man who has had very extended experience in the performance of a most unpleasant duty. We respect his opinion, and are not only willing, but anxious, to give it the full weight it deserves. Nevertheless, we must be excused for adhering to the view, rather implied than expressed in our recent annotation, to the effect that it is because the task of inducing lunatics to feed naturally is left to attendants the need for forcible feeding arises. We do not blame the medical officers. When the active superintendence of some five hundred insane persons is expected of a medical man, it is no reflection on his zeal or skill that he cannot possibly fulfil the requirement. It would be absurd to say that forcible feeding is unnecessary. There are cases in which it is indispensable to use the tube. It is a very grave charge which Dr. Cobbold brings against his *confrères* when he says, "I have reason to fear that in some instances the patient's life has been sacrificed rather than the doctor's opinion." We had not the most remote suspicion that such an act of obstinacy had ever been committed or was possible. We will go farther, and, with all deference to Dr. Cobbold, affirm that we do not believe anything of the kind has ever occurred in a British asylum. If medical men err, they do so with the most earnest desire to benefit their patients; and no medical man could possibly stand by and see a patient die of starvation rather than use the tube. At the same time, we believe there is far too much feeding in asylums, simply because, although a most unpleasant and thankless operation, it is more rapidly performed than the task of inducing a perverse lunatic to eat or drink. There is no moment to spare in a large asylum. Certain cases, of course, require the tube, but these are few. It is not because they have no bad cases that some superintendents do not require to feed by force, but because they have the tact and time to exert that personal influence which no lunatic except the wholly self-engrossed can possibly resist.

SCARCITY OF SUBJECTS.

WE regret to hear that there is a great dearth of subjects in the various metropolitan medical schools. The proportion ready for dissection at the commencement of the session was only about one-half of the number required by the senior students, so that some time must elapse before the junior pupils can begin their dissections. Since the amendment of the Anatomy Act, which permits subjects to be kept from the summer months for the winter session, the supply has been so very good that the present scarcity has come upon both teachers and students as an unpleasant surprise. It is mainly to be attributed to the low rate of mortality during the past few months; but the increasing amount of pathological research in our workhouse infirmaries has, doubtless, had some influence in diminishing the supply to the anatomical schools.

UNQUALIFIED ASSISTANTS AND THEIR PRINCIPALS.

ANOTHER case of wrong diagnosis and wrong treatment by an unqualified assistant, in which the parents were deceived by all the appearances of a regular medical establishment, is recorded this week among the inquests. The case was investigated by Mr. E. Cartar at Deptford. It was that of a child aged two years and a half. The parents sent for Mr. Bowden, whose name was on the house door of No. 69, Amersham Vale. There was a red lamp over the entrance; and on the door of the consulting-room there was the name of "Dr." Scott. Mr. Scott described himself as L.S.A., and justified the title of "Dr.," when interrogated by the coroner as to its use, by saying that he was a "Doctor of Medicine of the United States of America." Dr. Billings, of the United States Army, might well decline, as he did, before the Royal Commission, to recommend the indiscriminate recognition by this country of the diplomas of the seventy-five institutions of the States which grant diplomas. We never heard before of a "Doctor of Medicine of the United States." There is a very suspicious vagueness about that title. But to return. Mr. Bowden continued to attend the child for some time, till the friends became dubious as to his diagnosis and treatment of the case, when Mr. William Kelsey was called, only to find the child past hope of recovery, and, in his belief, the victim of wrong treatment. Instead of scarlet fever, as alleged by Mr. Bowden, a post-mortem examination by Mr. Alexander Forsyth, of Greenwich, showed that death was due to pleuro-pneumonia, as had been diagnosed by Mr. Kelsey. We gather from the narrative that there was everything in this case calculated to mislead the public, as in so many other cases now accumulated: the name of a recognised medical man on the house, who, however, seems to have lived elsewhere; the assistant's name on the house too. The assistant said he had been practising nine years, which may enable the public to form some estimate of the scale of the harm done by such arrangements amongst the poor and undiscerning portions of the community. He said in his evidence that the case was reported daily to "Dr." Scott, who directed the treatment. The least satisfactory part of the investigation was the ending of it. This was most impotent. The coroner said that, although Bowden might be morally responsible, he was not criminally so. Addressing Mr. Scott, he said the jury held him "in a measure" responsible for allowing an unqualified man to prescribe in a critical case, and so the matter ended as far as the coroner and his jury are concerned. It remains to be seen what view the Medical Council will take of Mr. Scott's conduct.

SURGERY IN GERMANY.

IN a retrospect of the Surgical Congress which met at Berlin some months ago, the *National Zeitung* has recorded the fact that since the Franco-German war surgery has occupied a more important position in Germany than previously. This is partly attributed to the circumstance that in no country has Lister's system of treatment been more studied and appreciated. It is farther stated that the replacing of portions of the human frame which may have been destroyed forms an important element of modern surgical practice in Germany. Various instances are referred to illustrative of the above remarks; amongst others the excision of a tumour from the biceps and the filling up of the cavity with a prepared piece of muscle taken from a dog. In connexion with Lister's antiseptic treatment of wounds, Germany seems to have taken up with zeal the question of a substitute for carbolic acid, and proposals have from time to time been made as to the use of salicylic acid, thyme oil, and eucalyptus oil, and more recently of naphthaline and a

preparation of common turf. Iodoform was supposed to have solved the difficulty; but despite its value in healing wounds, it occasioned such derangements in the system generally that it fell into disfavour. Dr. von Langenbeck is, however, of opinion that it is the most successful antiseptic he has yet found, but he recognises the necessity of trying to avoid the disturbances which he acknowledges it is capable of producing. Sublimate (in conjunction with a special treatment in which ordinary quartz sand is used) has been tried with success by Dr. Kümmell of Hamburg.

DRUNK OR DYING?

ANOTHER instance in which disease was mistaken for drunkenness occurred last week in Belfast, where a man, aged forty-five, was found lying on the footpath and removed to a police cell. The next morning he was charged with being drunk, and as he then appeared to be under the influence of drink he was discharged, with an order to be summoned for another day. On being sent home, he was so unwell that a medical practitioner was sent for, who procured his admission to the Belfast Royal Hospital, where he died. A post-mortem examination showed extravasation of blood on the brain. The deceased was a man of temperate habits, and on the day he was arrested by the police had taken half a glass each of claret, port, and rum. The jury returned a verdict that death was the result of apoplexy, the jurors adding that in their opinion there had not been sufficient care bestowed upon the deceased through his not having the benefit of medical advice while in the police office. It is sometimes difficult for a medical practitioner to discriminate between alcoholic poisoning and cerebral hæmorrhage, and much more difficult for a layman; it therefore follows that where speedy recovery from apparent drunkenness does not occur, the police should invariably obtain the assistance of a medical man without delay.

HERBALISM AND INQUESTS AT DRIFFIELD.

TWO inquests here have some interest. One was demanded by the poor widow of a hostler, who obtained a dose of castor oil at a chemist's. The assistant, with a kindly view of taking the taste off, suggested mixing it with mint-water. He made a mistake and put in liquor ammoniæ, which caused some suffering from which the patient soon recovered, but only to die of acute tuberculosis, from which he seemed to have been suffering in the first instance. In the other case the deceased, Robert Crozier, suffered from heart disease and was prescribed for by a chemist and a herbalist. The herbalist gave a graphic account of his curriculum. Asked why he called himself a herbalist, he said, "Why, I was nineteen years in the army, and saw a good deal there, and after I took to herbs." In a free country we presume that patients must be allowed occasionally to consult chemists and herbalists. But had Crozier taken the advice of Dr. Ridpath, who detected heart disease and recommended rest, he would not have died in the harvest field, and probably now would have been alive. Freedom has its drawbacks.

THE MEDICAL SOCIETIES.

THIS month, which in London may be said to commence the medical year, is the period for the re-assembling of the several Societies. The Obstetrical Society met on Wednesday last, the 4th inst.; the Ophthalmological Society of the United Kingdom will resume its work on Thursday the 12th, followed closely by the Clinical Society, which will commence its session on the 13th. The Medical Society will meet on Monday the 16th, and the Pathological Society on Tuesday, the 18th, whilst the Royal Medico-Chirurgical Society will open its session on Tuesday, the 25th.

HEALTH OF THE PRIMATE.

WE understand that there is no material change in the condition of the Archbishop of Canterbury since our last report. He is free from any other suffering than that which follows from muscular weakness. There is a freer secretion of phlegm, which is now quite bronchial in character. The pulse continues quiet, 96, regular, and respiration 32. The food is relished and the sleep almost uninterrupted. The renal secretion is neutral in character, and of specific gravity, 1010; urea less than half the average quantity, but the food is not very nitrogenous. His Grace is soon tired by the small amount of business which he manages to transact. He takes great interest in the questions of the day, but his physician continues to prohibit any serious mental work.

SMALL-POX AND QUARANTINE.

ACCORDING to the *Sydney Daily Telegraph*, the directors of the Eastern and Australian Company recently requested the medical officer of health for the City of London to advise them as to the measures which they should adopt in the event of small-pox showing itself on board a ship entering a port. Dr. Saunders has evidently convinced the Australians of the uselessness of quarantine, if we may judge by the remarks of our contemporary. They, in the first place, deal with the matter from a commercial point of view, and admit that, so far as the owners of such ships as belong to the Orient or the Peninsular and Oriental lines are concerned, the vessel might just as well founder. Then as regards those on board and the inhabitants on shore, they say they can see the sense of quarantining people, but they utterly fail to see the value of quarantining the ship, which after the removal of its crew and passengers can at once be thoroughly disinfected; and, further, they agree that such action as is necessary as regards those on board should be limited to vaccination and isolation, the isolation to be effected away from the ship, so that all chance of further infection may be put an end to. They do not, we think, attach sufficient value to the vaccination of all persons immediately after they come on board before starting for the colony, and this because such a measure would not prevent small-pox amongst any who had received the infection some eight or ten days before. This is true; but it would prevent any spread of the infection amongst the passengers even if a case broke out the day after sailing, for vaccination performed as late as two completed days after exposure to infection has been distinctly shown by the late Mr. Marson to prevent the development of small-pox.

FIFESHIRE MEDICAL ASSOCIATION.

THIS Association of medical men practising in the county of Fife was formally inaugurated by a meeting and dinner at Cupar on the 29th ult. It is intended that the Society shall meet once a year, and exert itself more in the way of securing cordiality between the members than in scientific work. The first meeting, under the presidency of Professor J. Bell Pettigrew, of St. Andrews, was entirely successful, and he was able to offer hearty congratulations as to the numbers of members already co-operating, and to predict excellent results from these friendly meetings. The rules for the Society were agreed to, and the following gentlemen were elected as the council for the year:—Dr. Lumgair, Largo, President; Dr. Archibald, St. Andrews, Vice-President; Dr. Douglas, Cupar, Secretary; Dr. Macdonald, Cupar, Treasurer; and Dr. Constable, Messrs. Porteous and Gordon, M.B., Members of Council. The meeting was largely attended. The preliminary work has been chiefly in the hands of Dr. Douglas, and he may be congratulated on his successful efforts.

THE COLLEGE OF PHYSICIANS IN IRELAND: CERTIFICATES IN SANITARY SCIENCE.

THIS College, following the example of the University of Dublin and the Royal University of Ireland, has recently made arrangements for granting certificates in Sanitary Science. Stated examinations will be held in January, April, July, and October. Every candidate must be a Licentiate in Medicine of the College, and must lodge a fee of five guineas, which will not be returned in case of rejection. The examination will comprise the following subjects: 1. Engineering, including hospital and house construction, sewage, drainage, ventilation, and water-supply. 2. Law: the Acts relating to Public Health; duties of health officers. 3. Etiology and prevention of disease: epidemiology, contagion, infection, hereditary influence, accommodation and conveyance of the sick, and the management of hospitals. 4. Chemistry: air, water, and food. 5. Meteorology and climatology; vital statistics. The candidate will also be examined in the analytical chemistry of air, water, and food.

CAPTAIN SHAW'S REPORT ON THEATRES.

PART of our scheme has been adopted. Captain Shaw, C.B., the enterprising chief officer of the Fire Brigade, has been commissioned to examine and report on the state of the London theatres, and to make such suggestions as he might deem necessary. We are glad the advice we have given has been acted upon up to this point; but it remains to carry out the proposal in its entirety—namely, to place the control of the theatres, so far as their protection from fire is concerned, in Captain Shaw's hands. Put an end to the practice of dressing up supers, or at best the unskilled *employés* about the doors of places of public amusement, in the garb of firemen, and let a certain number of the trained men of the brigade be told off every night for the duty—not permanently attached to the theatres, but detailed for special duty, as soldiers are placed on guard. This would prevent anything like habitual neglect. They would be visited by their own officers at proper times, and it would be the duty of these officers to inspect all apparatus, thus securing its efficiency in case of need. The measure in progress to protect the play-going public will not, we are convinced, be complete until this scheme is adopted without reservation or abatement.

MEDICAL ATTENDANCE AT NIGHT.

OUR contemporary, the *Globe*, comments sensibly on the absence of a provision for prompt medical attendance at nights in London, such as exists and is found to work well in Paris. We have frequently suggested such a provision. It would be liable to abuse, as every good thing is. But precautions against this could be devised. The benevolence of the medical profession is thought equal to any emergency. It is undoubtedly great, but it has been unfairly strained, and it is time for the public to understand that it has its limits.

THE SCARLET FEVER EPIDEMIC.

THE control of the wide and subtle extension of scarlet fever in the metropolis should exercise the ingenuity of all sanitary and public authorities—and let us add, of all private families. The opinions of medical attendants should be asked not merely in regard to actual cases, but with a view to the prevention of cases. The proprietors of schools and school managers should take special steps for receiving early information of cases, and for excluding the members of infected families for a reasonable time. Where a case does occur in a family the principles of isolation and disinfection should be mastered under medical advice, and applied by one responsible person. Where the circumstances are such as to render isolation impracticable, the case should be removed to a hospital. In the pressure of the epidemic great liberality should be extended to the London Fever Hospital, whose resources are greatly strained, but whose disposition to do good is unbounded.

THE CHOLERA.

THE report of the appearance of cholera at Tangier has been contradicted by Her Majesty's Acting Consul-General at that port. The disease has ceased at Japan, whilst at Manilla it is still raging. The Government of the Hague has received official information of the existence of cholera at Kotta Radja, the principal settlement in Atchin. A French journal announces an outbreak of the scourge at Modane, on the French side of the Mont Cénis Tunnel. The mail-bags are consequently to be disinfected, and a medical commission has been despatched to investigate the matter.

HOSPITAL SATURDAY FUND.

IT is estimated that the collection this year will exceed that of last by £1500, and will reach £10,000. It is premature, however, to comment on the Fund, as it will be kept open till the end of October.

THE correspondent of the *Daily News*, in a telegram dated Alexandria, Oct. 3rd, states that, in spite of cooler weather, the health of the army is far from satisfactory. Since Alexandria has been again the base of operations nearly 800 sick have passed through, and 200 more are now expected. Every care is taken by the authorities to make the sick comfortable on board ship, but the discouraging part is the number who are being invalided. A later telegram, however, states that the health of the troops has undergone improvement.

AT the opening of the winter session at Owens College, the Dean of the medical school, Professor Gamgee, stated that it was hoped the new medical buildings at the College would be completed by January next, so that they might expect to have them ready for the summer session of next year. When these buildings were completed, the medical school of Owens College would possess a range of laboratories and lecture-rooms which he thought would be second to those of no medical school in England.

DR. B. W. RICHARDSON, LL.D., F.R.S., having been requested by influential Liberals in Finsbury to contest the borough whenever a vacancy in its Parliamentary representation or a general election occurs, has written to the Executive Committee of the Finsbury Liberal Association to say that he shall be happy to meet them for the purpose of explaining his views as soon as his engagements will allow.

ADVICES from Cape Town, dated October 2nd, represent the small-pox in the colony as declining. The South African newspapers are, however, still much occupied with matters relating to the epidemic. Compulsory vaccination has been instituted at Natal, and the benefits of the operation are to be explained to the natives.

AT the meeting of the board of guardians of the Strand Union on the 27th ult., Dr. Rogers mentioned that he had at that time a case under his hands of erysipelas following vaccination. He followed the mother of the child to her home, and found it in so foul a state as fully, in his opinion, to account for the erysipelatous condition of the vaccinated arm.

IT may be of interest to the friends of the late Dr. Lyell to learn that his funeral is to take place this day (Saturday), at Nunhead Cemetery, at 3.30 P.M. The first portion of the funeral service will be previously held at St. Andrew's, Wells-street, at 1.30 P.M.

THE typhoid epidemic at Bangor appears to exhibit no signs of abatement, notwithstanding the diversion of the water-supply from the polluted filter-beds. The fatality from the disease is, however, slight. The School Board has decided upon re-opening the elementary schools.

DR. ANDREW CLARK will deliver the Inaugural Address of the Midland Medical Society for the session 1882–83, on Wednesday, November 8th, at Birmingham.

SURGEON-MAJOR T. CAMPBELL TOLMIE is reported to be amongst the unfortunates wounded by the recent explosion and fire at the Cairo railway station.

THE medical officer of Accrington has reported to the Town Council the occurrence of twenty-seven deaths in his district from scarlet fever during September.

DR. DAVID WILLIAM CHEEVER has been appointed Professor of Surgery in Harvard Medical College.

THE MINUTES OF EVIDENCE BEFORE THE ROYAL COMMISSION ON MEDICAL ACTS.

THE INEQUALITY OF THE MEDICAL AND SURGICAL EXAMINATIONS.—(*Concluded.*)

Mr. NELSON HARDY made a statement on behalf of the Medical Alliance Association, including the following remarks on modified examinations. The result of these has been known to be as follows:—

A candidate obtains the lowest possible qualification, that of the Apothecaries' Company, he then applies to the Edinburgh College of Physicians, and gets admitted to a modified examination for their licence. He then purchases a higher step, and becomes a member, and shortly after purchases another step higher, and becomes a Fellow of the said College, with really no more knowledge of his profession than that required to pass the modified examination at the Apothecaries' Hall.

Dr. BARTON, *Vice-President of the Royal College of Surgeons of Ireland*, having expressed the opinion that changes of the present licensing system are requisite, replied as follows:—

4986. (*Dr. McDonnell.*) What are the chief grounds upon which you base that opinion?—I think that the want of uniformity is a loss to the public and to the profession. The exceeding difference that there is in the curriculum, in the mode of examination, and in the fees prevents it from being at all a perfect system; and I think that that is the chief direction in which the necessity for legislation or improvement exists.

4987. If I understand you rightly, you would be in favour of a more uniform system as regards fees, curricula, and examinations?—Yes, certainly; but I may add, perhaps, that whilst I think that these things warrant the answer that there ought to be changes, yet upon consideration it appears to me that greater evil would be done in getting those changes than good would be accomplished, unless the condition and status and effect of the present corporations, as they now exist, be taken into consideration, because if legislation were to take place which would destroy, or partly cripple, those corporations, I myself think that that would do more harm in the end than leaving things just as they are would do.

Examination of Mr. WM. STOKER, A.B.T.C.D., F.R.C.S.I., *for four years examiner in the Queen's University, and having had experience in private medical teaching.*

5174. Of your own pupils educated in Ireland do many of them go to Scotland to pass?—Yes, a fair number do.

5175. Do many of them go to Scotland after having been rejected in Ireland?—Yes.

5176. From what body?—From the Queen's University.

5177. Where do they go to?—To Edinburgh.

5178. Do they prefer Edinburgh or Glasgow?—Edinburgh.

5179. Of your own pupils do a large majority of those rejected at the Queen's University go to Edinburgh to pass?—All who do not remain to re-present themselves for examination at the Queen's University.

5180. They do not, as a rule, try any of the corporations in Ireland?—No, they could not do so.

5181. Why is it that young gentlemen rejected at the Queen's University do not present themselves to our College of Surgeons or to our College of Physicians?—They have not the necessary certificates to do so.

5182. The curriculum of the Queen's University suits them in fact for Edinburgh, but would not suit them for Dublin?—Yes, that is so. The previous examination of the Queen's University is one of those accepted by Edinburgh in lieu of their own previous examination; but the College of Surgeons of Ireland will not accept any previous examination in lieu of their own. Thus a disappointed Queen's University candidate, disappointed either through having presented himself and being rejected, or disappointed from being informed that he has no chance of passing, goes to Edinburgh, where he simply has to pass the final examination of the corporations, he having already passed the previous examination at the Queen's University.

5183. I wish to understand distinctly, is it on account of the curricula rather than on account of the examination that those candidates go to Edinburgh?—Yes, that is so.

5184. You are aware, are you not, that some corporations require that the candidate before presenting himself shall sign an engagement that he has not been rejected at any place else for three months before?—I am.

5185. That regulation would lead most persons to understand that a pupil cannot be rejected in one place and very soon afterwards go and pass in another. Have you ever known any cases in which that regulation has been evaded?—I have.

5186. Can you tell the Commission how it is evaded?—A candidate, dreading the result of the examination to which he has presented himself, or to which he is about to present himself, would send in an application to the other licensing body to be admitted to examination. He says, "I am in for one examination; I am afraid I shall be rejected, and I now send in an application to another licensing body, which may make this restriction, and I state that I have not been rejected for the past three months by any licensing body."

5187. Therefore that pupil tries his hand at the first examination?—Yes.

5188. And having been rejected he goes to the other?—Yes.

5189. Do you know of your own personal knowledge of that having occurred?—Yes, clearly.

5190. (*Mr. Simon.*) You clearly have had a great deal of experience in the preparation of men for examinations, and of observing the results, and have a pretty good notion of your own of what a good and honest examiner would consider a fair and proper standard of admission to the medical profession?—Yes.

5191. Is it your experience, for I have seemed to gather this from the things you have said, but I should like explicitly to ask you, is it your experience that by certain portals men pass on to the Register with very imperfect qualifications?—It is my belief.

5192. Does that apply to both sections of the examination, that they pass their scientific examination with very imperfect scientific qualifications, and their practical examination with very imperfect practical qualifications?—It applies more markedly to the scientific examinations than it does to the practical examinations.

5193. And I believe I gather rightly that it is your experience that candidates, with advice, can dodge in particular

sections of examination, so as to get off very easily in them at particular portals?—Yes.

5212. With regard to the system, of which you have evidently had so much experience, of candidates passing, say the early examination at one board, and then going to a second board for the final examination, do you think that that system is one which leads to much abuse?—I do.

5213. Because, as the examining boards do not all have the same standard for their first examination, a candidate can pick out the easiest one, and then, having got through that, he can go on to the final examination of another board, perhaps, which gives a more reputable diploma?—You are taking things as convertible in truth which are only nominally convertible.

5214. So that a candidate may appear with the diploma of a particular body when he has not gone through the whole series of examinations of that body?—Yes, and he frequently does so.

5215. You look upon a system of that kind as not a good system?—It is open to abuses, but it is a very convenient system; and where equal things replace each other there is no objection to it in the world.

Examination of Dr. JOHN WM. MOORE, *Hon. Sec. of the Irish Medical Association.*

5434. (*Dr. McDonnell.*) Are the tests for fitness to enter the profession unequal and irregularly applied?—The Council of the Irish Medical Association are fully aware that the tests for fitness to enter the profession are so unequal and so irregularly applied that candidates rejected by one licensing body can obtain diplomas to practise from another; and that candidates who have successfully passed examinations for diplomas in medicine are rejected at examinations for diplomas in surgery, and *vice versâ*. It has happened (see Lord Emly's speech on the Lord President's Medical Act, 1858, Amendment Bill, delivered in the House of Lords on March 20th 1879) that the rejected of the King and Queen's College of Physicians have crossed the water and come back in a few weeks from Scotland as full fledged doctors or licentiates. On this point see also "Reports of the Visitors of Examinations deputed by the General Medical Council, 1873, page 213.

5618. (*Dr. B. W. Richardson.*) Has it been proved, or is it to your knowledge the fact, that any of the universities at the present time have a lower standard of examination than that which prevails elsewhere or than that standard which is a fit and fair public standard?—I do not wish to say a word bearing upon the relative positions of the universities, except this, that I am quite sure that there is great inequality.

5873. (*Dr. Struthers.*) There is a temptation, is there not, in the case of a corporation which does not exist in the case of the university?—There is, in that sense, but I do not think that the corporations are animated by such a spirit.

5874. And it has been given before us in evidence by witnesses that that temptation has led to unfortunate results?—There have been weak points in the corporations, and I confess I do not think that my friends in the Edinburgh corporations have latterly acted judiciously; it is the continuing of these half examinations that has brought all this upon them. Also, they accept one another's primary examination; if a man passes his primary at one corporation he can go up for his second at another. A man may pass the primary examination of the Apothecaries' Society here, the anatomy of which, I am quite sure, must be very poor anatomy, and then go up to the Edinburgh corporations, and that examination by the Apothecaries' Society is accepted by the Edinburgh corporations. I have here the regulations for the Edinburgh joint corporation examination, which the late Dr. Andrew Wood and I constructed more than twenty years ago, on the part of the College of Surgeons, and that regulation respecting the acceptance of other bodies' primary examinations has got into it since; I venture to say that if I had continued there that would not have got in without a protest from me; but there it is at page 10, Law 15. The result of that (though I do not say it is very common) is that when a man passes the Apothecaries' Society here, and goes up with his primary certificate, he virtually skips his anatomy and physiology. I say it is wrong of these corporations to do so, and they have brought Scotland, to a certain extent, into discredit by that. The London College of Physicians does the same, but in a better way; it accepts the examination in anatomy of any surgical body. That is safe. But if we had a conjoint examination by the corporations in each metropolis, that would be all right; they could except one another's first professional examination with entire security.

Dr. QUAIN in his evidence gave a history of the conjoint scheme in the Medical Council and put in the following important extract from the Report of Committee on Professional Education, 1869, which was afterwards adopted by the Council:

"One of the great evils at the present moment is the inequality of the examinations for the licence. This inequality of the test of efficiency is the more unfortunate, as every licence confers an equality in the right to practise everywhere. The easy examination of one licensing body tends to depress the standard of the examination in all the rest. Visitations of examinations doubtless partly remedy this state of things, but to completely remove it a bolder course is necessary. The time has now arrived when, leaving to the universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies included in Schedule A as may form a conjoint examining board for each division of the kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined on all subjects. Any higher degrees he may wish to take should come after, and should be optional.

"This plan is one which the Council has often approached, and has recommended in principle.

"We feel assured that the examinations for licence will never be made satisfactory without it, and therefore that it is for the public good to enforce it without delay."

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5717 births and 3344 deaths were registered during the week ending the 30th ult. The annual death-rate in these towns, which had been equal to 20·0 and 20·8 per 1000 in the two preceding weeks, declined again last week to 20·6. The lowest rates in these towns were 13·7 in Derby, 14·4 in Bristol, and 14·8 in Nottingham. The rates in the other towns ranged upwards to 26·1 in Salford, 27·0 in Manchester, 30·7 in Sunderland, and 32·6 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 536, showing a further decline from recent weekly numbers; 162 resulted from diarrhœa, 130 from scarlet fever, 75 from whooping-cough, 73 from "fever" (principally enteric), 49 from measles, 37 from diphtheria, and 10 from small-pox. No death from any of these diseases occurred in Plymouth, whereas they caused the highest death-rates in Preston and Cardiff. Diarrhœa caused the highest death-rates in Hull and Preston; scarlet fever in Sheffield, Leicester, and Cardiff; whooping-cough in Halifax and Preston; measles in Hull and Sunderland, and "fever" in Birkenhead, Liverpool, and Leeds. Of the 37 deaths from diphtheria in the twenty-eight towns, 28 occurred in London, and 2 both in Liverpool and Leeds. Small-pox caused 10 deaths in London and its outer ring of suburban districts and one each in Birmingham, Leeds, and Newcastle-on-Tyne. The number of small-pox patients in the metropolitan asylum hospitals, which had steadily declined from 114 to 79 in the four preceding weeks, were 80 on Saturday last; 17 new cases of small-pox were admitted to these hospitals during last week, against 9, 10, and 13 in the three previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 178, 193, and 263 in the three previous weeks, further rose to 300 last week, and exceeded the corrected weekly average by 87. The causes of 66, or 2·0 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Brighton, Portsmouth, and in eight other smaller towns; whereas the proportions of uncertified deaths were largest in Preston and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 20·9 and 18·1 per 1000 in the two preceding weeks, rose to 21·0 in the week ending the 30th ult., and exceeded by 0·4 the mean rate during the week

in the twenty-eight large English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been 103 and 83 in the two previous weeks, rose to 117 last week; they included 36 from diarrhœa, 23 from diphtheria, 22 from scarlet fever, 17 from whooping-cough, 13 from "fever," 6 from measles, and not one from small-pox. The death-rate from these principal zymotic diseases averaged 5 per 1000 in the eight towns, and exceeded by 1·7, or more than a third, the rate from the same diseases in the large English towns. The highest zymotic death-rates occurred last week in Perth and Leith. The 34 deaths attributed to diarrhœa showed an increase of 2 upon those in the previous week, and were equal to a rate considerably exceeding that which prevailed from the same cause in the English towns. The 17 fatal cases of whooping-cough, included 11 in Glasgow and 3 in Paisley. The deaths from diphtheria, which had been 12 and 9 in the two previous weeks, rose to 23 last week; 15 occurred in Glasgow, 3 in Aberdeen, and 2 in Greenock. The 22 fatal cases of scarlet fever also showed a marked increase upon recently weekly numbers, and included 12 in Glasgow, 4 in Dundee, and 4 in Edinburgh and Leith. The 13 deaths referred to "fever" showed a further slight increase upon the numbers in the two previous weeks, including 7 in Glasgow, and 2 both in Edinburgh and Perth. Two fatal cases of measles occurred in Edinburgh, and 2 in Dundee. The deaths referred to acute diseases of the lungs in the eight towns, which had been but 61, 70, and 72 in the three preceding weeks, further rose to 102 last week, and exceeded by 19 the number attributed to the same diseases in the corresponding week of last year.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 25·8 and 26·1 per 1000 in the two preceding weeks, declined to 23·7 in the week ending the 30th ult. During the thirteen weeks ending last Saturday the death-rate in this city averaged 23·1 per 1000, against 18·6 in London and 17·8 in Edinburgh. The 158 deaths in Dublin last week showed a decline of 16 upon the number in the previous week; they included 8 which were referred to diarrhœa, 2 to whooping-cough, 2 to diphtheria, one each to measles, scarlet fever, and "fever," and not one to small-pox. Thus 15 deaths resulted from these principal zymotic diseases, against 28 and 15 in the two preceding weeks; they were equal to an annual rate of 2·2 per 1000, while the rate from the same diseases was 2·8 in London and 3·4 in Edinburgh. The fatal cases of diarrhœa, which had declined from 19 to 10 in the four previous weeks, further fell to 8 last week, and were equal to a rate considerably lower than that which prevailed from the same cause in Edinburgh. The deaths referred to whooping-cough and "fever" showed a decline from recent weekly numbers, while those from diphtheria were more numerous. The deaths of infants were fewer than those of the previous week, while the deaths of elderly persons showed an increase. The causes of 30, or 19 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major Robert Batho has been granted retired pay, with the honorary rank of Brigade Surgeon.

INDIA OFFICE.—The Queen has approved of the retirement of Surgeon-Majors John Berry White, Thomas Edmondstone Charles, M.D., of the Bengal Army, and George Edward Whitton, of the Madras Army.

BREVET.—To be Deputy Surgeon General: Brigade Surgeon David Boyes Smith, M.D., of the Bengal Army.

ARTILLERY VOLUNTEERS.—1st Fifeshire: William Hessman Goodenough, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—2nd Gloucestershire: Peter Buchanan, Gent., M.B., to be Acting Surgeon.

ADMIRALTY.—Staff Surgeon John Mulvany has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet, with seniority of 22nd ult.

The following appointments have been made:—Fleet Surgeon Henry Hadlow, to the *President* (additional); Fleet Surgeon John Mulvany, to the *Constance* (commissioned); Staff Surgeon Alexander Mitchell, to the *Dragon*; Surgeon Charles James, to the *Royal Adelaide*, vice William E. Bennett; Staff Surgeon Robert J. M'Morris, to the *Crocodile*; Staff Surgeon George Kell, to Portsmouth Dockyard, vice Mulvany; Staff Surgeon Richard J. Coppinger, M.D., to the *Vernon*, vice Kell; Staff Surgeon John R. Burke, to the *Belleisle*, vice Fisher; and Patrick C. Gorham, to be Surgeon and Agent at Roundstone, county Galway; Staff Surgeon Edward W. Doyle to the *Hercules*, vice Staff Surgeon Gorham.

Correspondence.

"Audi alteram partem."

THE BOGUS FELLOWSHIPS OF THE EDINBURGH COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In your leading article for September 30th, I notice some severe yet well-merited strictures on the sale of Fellowships by the Edinburgh College of Surgeons. As one of the minority of its Fellows who regard the present system as a crying abuse, permit me not only to endorse your opinions in the article above referred to, but further to add to them other revelations of a state of matters still more anomalous.

Before inquiring into the why and the wherefore of the persistance of such an obsolete system, it may not be uninteresting to adduce one or two additional facts in corroboration of the statements advanced in your article. In so doing, I shall strictly confine myself within the limits of my own personal experience.

When I was a very young Fellow, and had still to learn the manners and customs of my corporation relative to the admission of all sorts and conditions of men, I was surprised to find one day among the list of candidates the name of a gentleman who, to my certain knowledge, after being rejected again and again at the M.B. Examinations in the University of Edinburgh, had finally taken refuge in the arms of the College, whose licence, after sundry little accidents, he had at last managed to obtain. Acting on strong conviction as to the unsuitability of this candidature, I endeavoured, so far as in me lay, to prevent his election; but at the final ballot, I was informed that as the name had been approved by the President's Council, its rejection by the College would be a thing unheard of. The gentleman in question was duly elected.

So much for an old instance; now for a modern one. Not long ago I received a letter from a very young practitioner with whom I had the slightest possible acquaintance, asking me as a mere matter of form to propose for the Fellowship a friend of his own, whom I had never seen or heard of, and who did not even hold the licence of the Edinburgh College. I hunted up the name of the aspirant in the Medical Directory, and finding his qualifications to be of the most ordinary description, I felt constrained to return a civil refusal. To my astonishment, at the very next meeting of the College, this gentleman, duly proposed and seconded, was brought forward, and balloted for in the ordinary course after approval by the Council, his election being, I need scarcely say, a foregone conclusion; indeed, since I became a Fellow, I have never known a single instance of rejection by the College after approval by the President's Council. In many cases a sufficient number of black balls to exclude some worthless candidate might easily have been mustered, but for the "bated breath and whispering humbleness" with which the opinion of Council is invariably received. It may be asked, Why does not the general body of Fellows on the roll of attendance resist such attempts at dictation? Many good and sufficient answers might be returned to this query.

In the first place the would-be reformers are in a minority—a large minority it is true, but still a minority. They have little cohesion or organisation, and are for the most part juniors, that is to say, men between thirty and forty years of age. Many of them are actuated by an absurd awe of their seniors, altogether unintelligible to Englishmen unacquainted with the system of cliques and coteries whose favour is the shortest cut to professional success in Edinburgh. They are confronted too by a compact body of seniors, who

treat their opinions with such supercilious hauteur, that the more weak-minded begin at last to entertain serious doubts as to whether or no they have any right or title to form opinions for themselves at all.

Secondly, the Council virtually possesses the power of self-election. Every year the retiring Council prepares a list of its successors, and of the examiners for the ensuing year; and these nominations can only be overturned by a most troublesome and humiliating personal canvass, on the part of any aspirant to these important positions. Men who from pride or delicacy hesitate to encounter the numberless impertinences to which such a procedure exposes them are left hopelessly in the background.

A place in the Council, or on the Board of Examiners, thus becomes a distinction reserved only for the favoured few, who in the vast majority of instances are men whose qualification lies in the extent of their local influence. This abuse is perhaps most glaring in the case of the examinerships. Specially qualified persons are passed over; an examiner once appointed is virtually installed in his office for life. The character of the examinations falls behind the standard of the day; the same questions are set over and over again, so that some of the "grinders" know almost all of them by heart. Good-for-nothing students flock to the Edinburgh Colleges from all parts of the kingdom, and pass; and thus a great school is brought into disrepute in the teeth of its own disgusted lecturers, many of whom have no chance of an examinership for years to come. In the meantime general practitioners of no special acquirements examine in the subjects to which such non-examining lecturers are devoting a lifetime of unrewarded study. By one of these gentlemen a student was, not long ago, asked at the examination-table how much fibrine was contained in the blood circulating in the vessels during life? Surely such a system of examination is an anachronism.

Were the Edinburgh Fellowship to be granted after examination, the examiners, unless ludicrously incompetent, would of necessity require to be drafted largely from the junior Fellows, many of whom are graduates of the University of Edinburgh with the highest honours, and lecturers licensed by the College itself. Perhaps this consideration may have some bearing on the desperate reluctance evinced by the seniors to adopt a change which would otherwise appear little short of a self-evident necessity.

These things, Sir, call imperatively for reform. Were they as well known to the profession at large as they are within the confines of the northern metropolis, their lease of life would, it is to be hoped, be short. In widespread publicity alone lies the chance of their early abolition; and the thanks of all true friends of the Edinburgh College of Surgeons are due to you for the strictures you have already passed upon the action of a certain section of its governing body. These, however, are as nothing compared to the many more which might still be made,

I am, Sir, your obedient servant,

October, 1882. ONE OF THE MINORITY.

To the Editor of THE LANCET.

SIR,—I am sure that the profession, as a whole, will support you in your exposure of the Edinburgh "Bogus" Fellowship. It is most unfair to those who have worked harder than their brother students in order to gain the Fellowship of the Royal College of Surgeons of England, to find that others hold the same title, "F.R.C.S.," without work, and by payment of a fee, coupled with the presentation of a minimum qualification in surgery. I notice that few fellows of the Edinburgh College add "Edin." to the title, which would give the public a better chance of distinguishing them from those of the London College. That it is a qualification is undoubted, as many appointments are advertised where the Fellowship of the College of Surgeons of England or Scotland is mentioned as a *sine quâ non*. I remember when I was an undergraduate of a certain university in Scotland, two men failing, after repeated efforts, to pass the first professional examination there. Like the friends of the Claimant, they had "more money than brains," so after repeated trials, in which their ignorance of the usual details of the subjects of examination was shown each time more distinctly, they were advised by their teachers to give up all thoughts of entering the profession. They were, however, not to be daunted, and being "rare plucky ones," they reminded their friends that there was no one-portal system to medical diplomas. They went to Edinburgh, got the "double qualification," and after a time blossomed out into the higher (!) dignities of—the one, F.R.C.S.E., the other, M.R.C.P.E. (of course with the addition of the title "Dr." on his card). Whether these gentlemen are alive or not now I know not, and would rather not know. The circumstances were much commented on at the time by those who had known them, and many others, who were "wasters," intended to follow their examples. I do not mean to say that there are not excellent men who hold this title, and it is for their sakes that the honour of the College should not be prostituted for the sake of gold. Let the Fellowship be looked upon once more as a distinction; let there be a further examination for it, severe in its nature, and then men would willingly come forward and try to obtain it; but as long as it is to be bought it will be looked upon with some suspicion, and the minority of those holding it as a title of real honour will be few and far between. I see by the new regulations of the Royal College of Physicians of Edinburgh that the election to the membership is abolished, and that candidates now are required to be examined in medicine, pathology, and midwifery. This is a right move, and one which I hope the sister College of Surgeons will follow shortly, and do away with the idea that the fellowship is simply a question of £ *s. d.*—I am, Sir, yours faithfully,

Oct. 2nd, 1882. M.B.

"FEEDING LUNATICS."

To the Editor of THE LANCET.

SIR,—Lest your annotation on this subject in to-day's LANCET should lead to the belief that the forcible feeding of lunatics is an unnecessary form of coercion, I venture to offer a few remarks in reply.

This operation, when necessary, devolves in almost all asylums upon the assistant medical officer. As I held that office for more than eight years in three of the largest lunatic asylums in this country (over 5000 patients having at one time or another during that period been under my care), I have had considerable experience in the matter. The operation of feeding through the œsophageal tube is certainly not without its difficulties, but these may, I believe, be always overcome—indeed, I never once failed to complete the operation satisfactorily. I have never seen the procedure do harm to any patient; but, on the other hand, I am perfectly certain that several patients who have since recovered and resumed their positions in the outer world would have died if they had not been forcibly fed with the tube.

It would, of course, be inexcusable to feed any patient through the stomach-tube until every other means of inducing him to take nourishment had failed. Such a patient should always be placed in a ward where the best nursing is available. The attendants should be impressed, both by precept and example, with the necessity of inducing their patient, either by coaxing or by judicious firmness, to take his food in a natural manner. Many attendants are very successful in this respect, but even the best occasionally fail. It is then the province of the doctor to intervene. The great influence and prestige which he ought always to possess and maintain with his patients will frequently enable him to prove successful in persuading a patient to take proffered food after all the efforts of the attendants have proved unavailing. When the patient's chief reason for refusal is mere obstinacy, it is often sufficient for the medical man to produce his feeding apparatus and explain kindly but firmly to the patient that unless he drinks the fluid food prepared, the tube will be passed down his throat into his stomach, with certain discomfort to himself.

There will always, however, be a certain number of patients who, owing to delusion, suicidal intent, or some other cause, can neither be charmed nor threatened by the above-mentioned, or any other methods, into taking the food offered to them, and who will not swallow what is placed in their mouths; these must consequently be fed by means of the tube. I am quite aware that it is the boast of some medical superintendents that they have never found it necessary to feed a patient in this manner, but I have reason to fear that in some instances the patient's life has been sacrificed rather than the doctor's opinion. I

can quite believe that in an asylum containing only 100 or 200 patients it might often happen that for many years at a time no case would require to be forcibly fed; but in our largest lunatic asylums, which contain from 1000 to 2200 patients in each, it rarely happens that many weeks pass without some patient requiring this treatment. Asylum medical officers can have no reason for performing this operation with unnecessary frequency, as it is by no means a pleasant duty, and brings neither pecuniary gain nor professional éclat. Instances are on record in which patients have been thus fed daily for many months, and even years; but it is my belief that when a patient has acquired an undesirable taste for being fed in this way, his troublesome habit may almost always be successfully combated by the exercise of a little tact on the part of the medical attendant. I have no experience of any case in which the necessity for forcible feeding has existed for longer than three or four weeks at a time.

It is no part of my object in this letter to describe the best methods of forcible feeding, but merely to affirm that the operation is sometimes an absolute necessity for the saving of life, and that the lives saved are in a considerable proportion of cases those of patients who ultimately recover and return to their homes. If there are abuses in asylums (and what human institutions are perfect?), by all means let us have them exposed and remedied; but at the present time, when the public mind is, causelessly, as I believe, somewhat uneasy upon the subject of the care and treatment of the insane, it is most undesirable that the idea should become general that insane persons are needlessly subjected to the discomfort of having tubes passed into their stomachs, even though the object be to supply them with the food necessary to their sustenance and recovery.

I am, Sir, your obedient servant,
CHAS. S. W. COBBOLD, M.D.,
Sept. 23rd, 1882. Medical Superintendent, Earlswood Asylum.

"A SIMPLE OPERATION FOR VARICOCELE."

To the Editor of THE LANCET.

SIR,—In to-day's number of THE LANCET Mr. A. Barker reports three cases of varicocele under the above heading. It may perhaps be of interest to him and others who intend to try this method to know that I have also had a case in which I performed the operation in the same way as Mr. Barker, and with an equally good result. The case was a man aged fifty years, a miner, who was admitted under my care into the York County Hospital in April last, suffering from a large varicocele on the left side. I performed the operation in almost identically the same way as Mr. Barker, encircling the veins with a piece of Chinese silk (which had previously been boiled for half an hour in a ten per cent. solution, and afterwards left to soak for some hours in a twenty per cent. solution of carbolic acid); after tying, the ends of the silk were cut short, and dropped into the wound, which was closed up over them. The wound healed in a few days with scarcely any suppuration. I kept the man in the hospital for a fortnight after everything seemed quite well, and when he went out there was no sign of inflammation at all about the wound, which was soundly healed, and all that could be detected was a small nodule on the seat of ligature. I am, Sir, yours faithfully,
York, Sept. 30th, 1882. W. H. JALLAND, F.R.C.S.

THE QUEEN'S UNIVERSITY DEGREES.

To the Editor of THE LANCET.

SIR,—Your correspondent "J. W. M." takes exception in last week's LANCET, to a statement made by me before the Royal Commission on the Medical Acts to the effect that "A student attending a Queen's College may obtain all the lectures necessary for a Queen's University Degree (or Scotch double diploma), in two years," which, he says, "is not a fact." That the statement is accurately true may be proved by anyone who pleases to examine the regulations of the Queen's University, published in your Student's number for 1881 and previous years. Two courses of lectures, at most, were required by the University in any subject, and these were readily obtained in two years. Indeed, I have known many students who—having put in, in a Queen's College, the essential two courses of medical, and two courses of non-medical lectures, *all in one Winter Session*—have taken all the remainder of their curriculum in Dublin, and have possessed their M.D. Q.U.I., and L.R.C.S. and C.P. Edin., long before the lapse of the statutory four years. It is true that the Q.U.I. required twenty-four months' hospital, so that a student commencing in November of any year could not theoretically complete his hospital curriculum until two years and three months had elapsed, but that difficulty was always easily adjusted with the hospital authorities. Therefore, it is quite true, as I stated, that a student could (and many did) complete his entire curriculum for the M.D. Q.U.I. and Scotch Double Diploma in a couple of months over two years, and that a great number of Irish students, therefore, took these qualifications in preference to the M.B. Dublin University, or L.R.C.S.I. or L.K.Q.C.P.I., which would have cost them an additional year's work and fees.

I am, Sir, yours, &c.,
ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.
Dublin, Oct. 4th, 1882.

DISTRIBUTION OF THE REPORTS OF THE LOCAL GOVERNMENT BOARD.

To the Editor of THE LANCET.

SIR,—I have this day forwarded to the President of the Local Government Board a memorial from the North-Western and Yorkshire Associations of Medical Officers of Health, of which the enclosed is a copy.

I am, Sir, yours truly,
Manchester, Oct. 4th, 1882. FRANCIS VACHER.

To the Right Hon. J. G. Dodson, M.P., President of the Local Government Board.

The memorial of the North-Western and Yorkshire Associations of Medical Officers of Health.

Respectfully showeth,—That your memorialists are a body of Medical Officers of Health practising in the counties of Lancaster, Chester, Derby, and York. That your memorialists having been from time to time instructed and informed by the annual reports of the medical officer of your Honourable Board, and forming a high estimate of the importance of the topics discussed in the said reports, and having experienced difficulty in obtaining copies of the same owing to the small number printed, humbly pray that your Honourable Board will order that a copy of the said report, with appendices, may henceforth annually, as issued, be presented to every medical officer of health whose appointment shall have the sanction of your Honourable Board. And your memorialists will ever pray, &c.

(Signed on behalf of the North-Western Association of Medical Officers of Health.)
WM. HUGH HUGHES, *President.*
FRANCIS VACHER, *Hon. Sec.*

(Signed on behalf of the Yorkshire Association of Medical Officers of Health.)
S. W. NORTH, *President.*
J. MITCHELL WILSON, M.B., *Hon. Sec.*
100, King-street, Manchester, Oct. 4th, 1882.

NEWCASTLE-ON-TYNE.

(*From our own Correspondent.*)

AT the sanitary meetings on Thursday, the 28th ult., the following were read and discussed:—Address by Professor Robinson, C.E., Vice-president of the Section, in which he strongly pointed out the necessity of proper training for inspectors. W. Eassie, C. E.: "The Desirability or otherwise of providing Town and Country Houses with Grease Intercepting Chambers in Scullery Sinks." J. Lemon, M.I.C.E.: "The Separate System of Drainage." E. C. Robins, M.I.C.E.: "On the Original Experiments of Dr. Renk of Munich, with Sewer Gas, and the Mode of its Exclusion from Dwelling Houses." W. G. Laws: "Sewer Ventilation." John Price: "Industrial Dwellings." W. Eassie, C.E.: "On the Sanitary Needs of Town and Country

Houses." In the evening a lecture was delivered to the Congress, "On the Food and Energy of Man," by Professor F. S. B. F. De Chaumont, M.D., F.R.S., in which he advocated variety as advantageous, and, indeed, thought that tobacco and alcohol might often be used with benefit.

On Friday the following was the order of business:—Address by Arthur Mitchell, M.A., M.D., F.R.S. H. C. Bartlett, F.C.S.: "On the Influence of Minute Suspended Matter on Health—its Detection, Collection, and Examination." The Hon. F. A. Rollo Russell: "The Improvement of Climate with Slight Elevation." R. Carr Ellison, J.P.: "The Influence of the Purity or Impurity of the External Atmosphere on Public Health, Public Comfort, and on the Domestic Habits of the People." R. B. Grantham, M.I.C.E.: "On the Establishment of a Library for a Special Branch of Sanitary Information at Newcastle." At 5 P.M. the closing general meeting of the Congress; and at 7 P.M. the public dinner at our Assembly-rooms, which was a spirited and lively entertainment—a great contrast to Tuesday's luncheon, which was rather flat and forced, rather like a wedding-breakfast *minus* the bride and bridesmaids, and with scarcely an opportunity of "toasting" the ladies, or of giving the bachelor members a chance of descanting on "youth and beauty," the fair sex being "only conspicuous by their absence." It has been decided to hold the next Congress at Glasgow. On Saturday His Grace the Duke of Northumberland kindly invited the members of the Institute and the associates of the Congress, to the number of 300, and entertained them to luncheon at his historical seat, Alnwick Castle. This was arranged with the princely munificence customary to the house of "the Percies." Other excursions to points of interest in the vicinity took place, and the week's business may be said to have finished up with a lecture to the working classes by Dr. W. B. Richardson, F.R.S. Now that the *fanfare* of the Congress has subsided, and the echoes of congratulations from many sanitary voices have died away, we may ask ourselves, What have we gained? Well, the question is not so easily answered. Many of the papers read reached a high scientific standard; others, again, might be described as "medium quality"; while a few possessed an ephemeral character, and would soon be forgotten. For some reason, or for no reason, the intelligent classes of our citizens appeared to take very little interest in it, as judged by their attendance at the discussions, which might as a rule be characterised as tame. As a set-off, it is only fair to acknowledge the very full reports of the proceedings given by our local newspapers. In the discussion on Captain Hildyard's paper, "The Influence which Medical Men might exercise on Sanitary Progress in their Private Practice," our medical officer of health said "he did not think that medical men took a sufficient interest in sanitation," and instanced (in support of this curious view) the petition signed by forty-six medical men of Newcastle, "who at the time they put their names to the petition did not know what was in the Bill." On the other hand, Captain Galton, the President of the Congress, held that "medical men had been the originators of all sanitary improvements," while Mr. T. P. Barkas said that "at the time the petition was signed, the compulsory notification of diseases clauses remained in the Bill." It is felt here that our usually intelligent health officer did not display this quality of mind on this occasion. The fourty-six medical men knew perfectly well what they were signing. In the Town Improvement Bill, which was an application for money and for power to carry out various improvements, these compulsory clauses were involved or "smuggled" into the legislature. The citizens were denied a public meeting where our profession might, as ordinary members of the community, have discussed these clauses. So a manifest attempt is made to keep our profession in ignorance and to stifle public opinion, and then it is blamed for what it could not help. Our health officer is not a practising medical man, and hence he can only see one side of this coercive sanitarian question. I mean the official side; for as regards the domestic and medical aspect he is evidently colour blind. Has anyone in this Congress suggested, say a few years' experience in general practice, as one of the qualifications for a medical officer of health? if not, it would be highly desirable. It must be remembered that these forty-six medical men who have been so rashly and publicly charged with ignorance and obstruction, will represent about one-half of the practising men of our city, of all grades, too, as to age and experience. Does our medical officer of health consider when he gets on his sanitary stilts that he embodies the sanitary wisdom of the North of England? and that the profession here is to sit still in awe like the scholars of Goldsmith's pedagogue, when—

> "Still they gazed, and still the wonder grew,
> That one small head could carry all he knew."

The magnificent Marine Exhibition at Tynemouth, alluded to in my last letter, still continues to draw its tens of thousands daily. I am glad to see that it is to remain open until Oct. 14th, and that the railway company has given increased travelling facilities in visiting it. Professor Corfield, in presenting the prizes at the Sanitary Exhibition here, which is also to remain open for a longer period, said it was an exceedingly good and successful one. I have only space here to mention some of the most successful and interesting exhibits—viz., Messrs. Mather and Armstrong, Newcastle, for Siemens' patent regenerative gas burners. Messrs. Hayward, Tyler, and Co., for full-flush valveless closets. La Société Hygiène Française, Paris, for their exhibits of books on health. Messrs. Brady and Martin, Newcastle, for scientific instruments. This firm has a well-furnished stand of articles of domestic and medical interest, including the popular Montserrat lime-juice of Messrs. Evans, of Liverpool. This juice has the confidence of the profession here, and is largely prescribed for domestic and marine consumption. Messrs. Mawson and Swan have also a stand characteristic of the scientific energy and taste of this eminent firm, making a strong point of their disinfecting exhibits, and issuing very useful "Notes on Hygiene." Not the least interesting exhibit to a medical visitor is that of Messrs. Irvine & Co., Mustard Manufacturers, Gateshead, established 1791. Their stand shows the processes in the manufacture—viz., the brown seed whole, its crushed state, its pulverised state, and lastly, as the finished article, sifted into an impalpable powder. Irvine's mustard has unmistakable qualities as a counter-irritant, while as a condiment their "Durham mustard" is in high favour here from its purity and flavour. The winter session of the College of Medicine here was opened yesterday with great *éclat*. Dr. Gibson, in the absence of Dr. Heath, presided, while our Mayor, in the absence of the Bishop of Newcastle, presented the prizes. Dr. W. B. Richardson was present, and made some very pointed and happy remarks. Dr. Thomas Oliver, physician to our infirmary, read the inaugaural address "On Medicine, its Progressiveness and Relation to Civilisation." I need make no comment on this address as it will doubtless be noticed under its proper heading in THE LANCET, but I may say it met with well-merited applause. This College, while it has increased in quantity as to students, I fear has deteriorated as to "quality." The behaviour of the young "gentlemen" was simply outrageous. Making every allowance for the high flow of spirits natural to the student, I have sat on many benches in many countries and never witnessed anything like the disorder of yesterday's proceedings. Would not a *conversazione* another time have a more soothing effect on these turbulent *tyros*?

Newcastle-on-Tyne, Oct. 3rd, 1882.

EDINBURGH.

(From our own Correspondent.)

THE VACANT ASSISTANT-SURGEONCY TO THE ROYAL INFIRMARY.—THE VACANT PATHOLOGISTSHIP TO THE ROYAL INFIRMARY.—THE NEW UNIVERSITY BUILDINGS.

AUGUST and September are essentially holiday months here, both patients and doctors being out of town and nothing of medical interest occurring. This year the usual monotony has been somewhat interrupted by the contest for the assistant-surgeonship to the Royal Infirmary, which is still being actively carried on. The vacancy, which is occasioned by the promotion of Dr. Miller to the full surgeoncy, will be filled up on the 16th. Drs. Caird, Cathcart, Cotterill, and Macgillivray are the candidates, and so far as I can learn Drs. Cotterill and Macgillivray are generally considered to have the best chance.

On the same date (Oct. 16th) the pathologist to the Royal Infirmary will be appointed in the place of Dr. Hamilton, the recently elected Erasmus Wilson Professor of Pathology in the University of Aberdeen. Dr. Hamil-

ton's loss is no small one to Edinburgh, and his successor will find it no easy task to maintain the pathological department of the infirmary in its present high state of efficiency. The candidates are Drs. Byrom Bramwell, Alex. Bruce, and Woodhead.

The new University Buildings are now so far completed that the whole of the medical classes, with the exception of materia medica, medical jurisprudence, and chemistry will be carried on there during the forthcoming session. It is difficult without a personal visit to form an adequate conception of these palatial buildings, but the reader will gain some idea of the facilities for teaching and original work which they afford by perusing the following description, which appeared a day or two ago in the pages of the *Scotsman*:—

"With the exception of the classes of materia medica, of medical jurisprudence, and of chemistry, which are to be located in the Tiviot row, or north and west sides of the north quadrangle, the several departments will be ready for occupation in the ensuing month. As matters at present stand, there would seem to be no hope of having the other departments ready for occupation for at least eighteen months or two years to come. Only that portion of the buildings has so far been got ready for the work of the school which forms the sides of the south quadrangle. And even on this portion a great deal of expensive work yet remains to be done. The grouping of the departments round this quadrangle is, roughly stated, as follows:—On the east side are those of surgery and practice of medicine. Anatomy occupies part of this side and a large part of the south side, whilst physiology claims parts of the south and west sides, pathology and midwifery taking up the remainder of the west side of the quadrangle. On the north side is what promises to be an anatomical museum worthy of the rest of the buildings; but so far only the bare walls and the iron supports of a gallery running round the hall are in their places. Meanwhile, it may be noted that into this museum are let several openings, by which ready access will be got to it from each of the departments, to suit whose convenience for teaching purposes the museum specimens will be arranged in corresponding sections. The departure from the Continental system, which had been necessarily followed in the old buildings, of splitting up the practical departments, has in the new buildings been adhered to with the best effect. In the magnificent central dissecting-room, measuring 108 feet long by 30 feet wide, and 27 feet high, not only is practical teaching carried on with perfect thoroughness and efficiency, but it is carried on with an amount of general comfort, and for the benefit of an increased number of students, that could not possibly have been provided for in the old rooms. In this, and in what may be styled the overflow dissecting-room above the first-mentioned, which measures 30 feet long by 20 feet wide, practical teaching can be given to over 500 students, as against 300 in the old rooms. The conveniently placed cloak-rooms, lavatories, demonstration and demonstrators' rooms, are also an immense advance upon what anatomical students had not long ago to put up with. Then, the roomy, comfortable, and well-appointed bone and microscope rooms, are, both of them, in the best sense, aids, and even inducements to study; whilst the opportunity which the latter affords for the investigation of objects of microscopic anatomy would have been gladly welcomed by the predecessors of the present generation of students. Lastly, the lecture-room has been arranged to give comfortable sitting-space for about 500 persons; and the arrangements for profitable tuition and study made by Professor Turner are in keeping with the completeness of the building arrangements.

"In the immediate neighbourhood is the department of the Practice of Medicine. Professor Grainger Stewart has obtained for this department a large and comfortable class-room, with a museum, retiring-room, and five other rooms, which he proposes to arrange for the purposes of practical work in connexion with his course. The class-room, which is provided with a gallery, which last session's experience proved to be happily constructed, so far as hearing and seeing the lecturer are concerned, has its students' door opening on a staircase that enters from the south front of the north quadrangle, and is common to the departments of Anatomy, Surgery, and Practice of Medicine. The class museum is to the west of the lecture-hall, and was last year used as the professor's retiring room. Two compact rooms, which enter from the north side of the lecture-room, will now be used as retiring-rooms for the professor; and to these private access is had by a spiral staircase opening on to the east front of the north quadrangle. This staircase, and the professor's retiring-rooms, open in turn upon the suite of five rooms which the professor purposes to arrange for practical illustration and teaching in connexion with his chair. One he has already set apart for practical teaching of the use of the ophthalmoscope; and another for that of the laryngoscope. The others he will utilise for purposes which may suggest themselves in the course. In the ophthalmoscope-room, it is proposed, by means of a light placed centrally in the apartment, to enable about six students at a time to practise with this important instrument upon dummy specimens, so as to enable them to gain facility in its manipulation before using it on the living subject. A like plan will be followed in the laryngoscope-room. The Surgery Department, to which Mr. Cheyne, the new professor, will be inducted at the opening of the School next month, was in full working order last session, and its rooms are situated on the same floor with those just described. The lecture-room is laid out much after the same plan as that of the Anatomy Department, being a large theatre, with seats arranged semicircularly round the professor's lecture platform. It does not, however, accommodate so large a number of students as does the Anatomy lecture-room. Attached to it are professors' retiring-rooms, and rooms also in which the practical work of the chair has been, in the past winter, comfortably and successfully carried on.

"As already stated, the Midwifery Department of Professor Simpson is situated at the west side of the south quadrangle. It is entered by a corridor, opening upon the south-west corner of the north quadrangle, and also upon the Middle Meadow Walk; and has, in the first place, a lecture-room, with a compact and ungalleried auditorium, seated for about 250 students. The lecture-room is in communication with the professor's rooms and with the museum. The former consist of a retiring-room and a work-room, whilst the latter is elegantly and conveniently fitted with glass cases and presses and open stands. There is further a large practical room, intended for tutorial classes and original investigation, and supplied with models and other appliances for the thorough training of the students in their practical work.

"But it is perhaps in the departments of Physiology and Pathology that the most striking and manifest improvements are to be found. To take first the deparment of Pathology, which also is in the western part of the buildings, there is in this a suite of rooms admirably fitted up for the carrying on of pathological teaching, both systematic and practical, and, in addition, several rooms which may be used for pathological investigation of various kinds. It is unfortunate in being entered by an imperfectly lighted stair and corridor, the latter being nine feet wide. Then the dimensions of the lecture-room of the department, like those of all the other departments, have been found to be insufficient to meet the wonderful growth of the school in the past few years. But here complaint ends. Endeavour has been made, by the addition of a gallery, to provide the requisite accommodation in the lecture-room, which is on the upper floor, and opens, with the practical and other rooms of the suite, from a common corridor. The gallery extends round three sides of the room, at the height of about thirteen feet above the level of the lecture platform, is seated for 132 students, and is entered by a spiral staircase situated at each end. Altogether, the room is seated for about 350, allowing 24 inches for each student, and the room is lofty and well-lighted, and will compare favourably with the other class-rooms. Opening into it is the retiring-room of Professor Greenfield, which measures 18½ feet by 15½ feet, with a height of 18 feet, is well lighted and comfortable, and is fitted with ample accommodation for storing diagrams, &c. Opening from this again, and having like it a door to the corridor, is a room of similar dimensions, fitted up as a private workroom for the Professor of the department. A few steps across the corridor at this point bring one to the entrance to the pathological section of the great museum. Farther south along the corridor, and to the right hand, is the large class-room set apart for practical work, perhaps the most beautiful room in the whole building. It measures 39 feet by 40 feet, and has a height from floor to ceiling of 27 feet. It is lighted on its north, south, and west fronts by large windows measuring 16 feet in height and 6 feet in breadth, and is, besides, magnificently fitted with every requisite for carrying on the work of a large practical class. Slate tanks for storing material, troughs, &c., and wash-basins, are placed at intervals round

the room, and there are five long tables in the centre, and also tables fixed by each window, at which students may carry on microscopic work. During the summer session, five classes, each consisting of about thirty-six students, met daily for practical work. Adjoining this is another fine room, measuring 30 feet by 30 feet, and 20 feet high, also most completely fitted up for pathological research, with various apparatus, chemical, &c., and intended for the use of more advanced students. On the floor below are three smaller rooms, intended for special work. These average a little over 40 feet in length by 14 feet in breadth, and each is lighted by three windows placed in the west wall. The north room is set apart and fitted for photographic work, &c., in this department, and possesses a dark chamber and other necessary apparatus for this work. The central room is for chemical and experimental pathological work, and the most southerly room of the three is at present used for storage and work in connexion with preparations for the practical class. In all the rooms which are intended for practical work, the gas and water fittings are most complete; and a large ice-house and cellars for storage, entered from the lower court, complete the accommodation for the Pathological Department.

"In the Physiological Department, presided over by Professor Rutherford, the provision made for carrying on the teaching, practical and systematic, and for experimental work is equally generous and quite as complete. To adapt the lecture-hall, which is in the south-west corner of the building, for the numbers attending the class, certain internal walls had to be removed and the superstructure supported on two large iron girders. With this structural change, a lecture-room which will seat nearly 500 students, and will meet the requirements of the department, without the addition of a gallery—in the mean time at any rate—has been secured. For the practical work of the department, Professor Rutherford has a suite of some sixteen rooms. These are divided between the ground and first floors of the south and west sides of the southern quadrangle. The class museum is placed opposite the lecture-room on the ground floor, and is fitted with the same completeness as has already been noted in the other departments, having a wealth of glass cases, tables, and other requirements. To the back of, and *en suite* with, the class museum are several smaller rooms, designed and fitted for the preservation of subjects for the class demonstrations. Ascending to the first floor, access is got to the practical and experimental rooms of the department. Beneath the large practical pathology class-room are three smaller rooms, in which the teaching of microscopy or histology is to be carried on. Of these, the largest has an area of 33 feet by 21 feet, and it is furnished with ebonised mahogany tables, sinks, water-taps, &c., after the style adopted in the pathology department. A smaller room, intended and arranged for the like work, is in communication with the larger apartment, whilst the students' lockers are placed in a third. Alterations which had to be made on the original plans to meet the needs of the department have lowered the roofs of these rooms considerably in comparison with the pathology room above. The professor's retiring and work rooms are placed in the west side of the building, over the Midwifery class museum, and are admirably furnished for private work. At the end of the lobby from which these enter are the students' lavatories. Opening off a lobby, which runs at right angles to the one just mentioned, is a series of rooms fitted up for the experimental and practical study of physiology, as well as for physiological chemistry, and for the use of the professor's assistant and other purposes of the department."

When these buildings are completed, the University of Edinburgh will enjoy every facility for original investigation which spacious accommodation and the most modern appliances can afford, and it is to be earnestly hoped that each department will produce an amount of original work commensurate with these facilities.

GLASGOW.

(From our own Correspondent.)

TWO cases of poisoning from whisky drinking have been noted in our daily papers during the past week. One man had been drinking in a public-house till a late hour, and on going home he procured a further supply of liquor; shortly afterwards he fell asleep, and in a few hours fell from his chair, dead. The other case was that of a man who, in drunken bravado, agreed to drink a whole bottle of whisky "without taking it from his head," and did so, with the result that he soon became comatose, and had to be removed to the infirmary.

Another poisoning case, in which a man, his wife, and three children suffered severely from the effects of some irritant poison, is reported, the symptoms being caused by eating from a tin of preserved salmon.

At the last quarterly meeting of the trustees of Anderson's College the proposal to move the medical school, and perhaps also the whole institution, to a more westerly site, was again discussed; but no decision was come to, the matter being left in the hands of the managers for consideration. The medical faculty of the College should know their own business best, but I believe they err in leaving such a noble field as the Royal Infirmary (the largest in Scotland) solely to the little Infirmary School, while their own students, on going westward, will naturally still further block up the already overcrowded wards of the Western Infirmary; nevertheless, they are quite agreed that such a change is eminently necessary for the further prosperity of the school. There are no funds at present in the hands of the College available in aid of this transference, but it is hoped that either the trustees will assist the medical faculty in their projected move, or that the whole College will migrate. One of the directors made some statements, which passed unchallenged, and which form a strange commentary on the swelling statistics published in the College's Calendar and referred to here a few weeks ago. He advanced it as an argument in favour of the proposal to move westward, that as the greater part of the city's population is now to the west of the site of the College, and as the eastern parts of the city are well supplied with other institutions in which popular science and art are taught, the number of students in the evening classes is now considerably less than it was a few years ago. Looking back only ten years, at the old endowed classes, anatomy, chemistry, and natural philosophy, the number of students now is not one-half what it was then!

The grand annual battle of the schools took place at the October meeting of the Faculty of Physicians and Surgeons on Monday last, with the result that the supporters of what is known as the *status quo ante* were triumphant along the whole line. Strangers to Glasgow medical politics should be aware that at the annual meeting of the Faculty, when vacancies occur by rotation in the examiners' board, the representatives of the various local medical schools contest fiercely for the posts, and canvas freely among the Fellows for support, a part of the business much deplored by the President. The object of these contests is, of course, to strengthen the schools, students being probably attracted to that which has most representatives on the Faculty's board of examiners. It is doubtless a bad thing that the Faculty should be made the field for such strivings, but it is not easy to see how it can be avoided. Bad as this is it is scarcely a less evil than the opposite extreme, which is apparently favoured by a large party in the Faculty—namely, a tendency to regard the annual retirement as merely nominal, and to look with extreme suspicion on any proposal to change the *personnel* of the board. The provision that a certain number of examiners should retire every year was surely meant to give an opportunity for the introduction of fresh men into the board at regular intervals.

A fully equipped little hospital, "intended for the care and treatment of the poor when suffering from disease or accident," has been presented to the people of Largs by Mr. John Clark, of Curling Hall, Largs. The hospital proper is a neat, one-storeyed edifice, built of red stone, and standing in its own grounds; the wards, two in number, are lofty, roomy, well lighted, and cheerful, the flooring being of red pine laid in three inch breadths. The building has been so arranged that it can easily be divided into two separate portions, one for accident cases and one for infectious diseases. The officials live in an upper flat, while the offices (laundry, mortuary, &c.) are in a separate building.

Pollokshaws, a suburb of Glasgow, is to-day in the throes of a municipal election, the only noteworthy point about which is that both candidates for the provostship are medical men, Dr. A. Ritchie and Dr. W. Walker.

Glasgow, Oct. 2nd.

SCOTTISH NOTES.

(From our own Correspondent.)

A PROPOSAL for the erection of a new asylum for pauper lunatics at Aberdeen is now under consideration by the St. Nicholas Parochial Board. It appears that Elmshill House has been several times enlarged, that its accommodation is now overtaxed, and that the Lunacy Board do not consider further extension desirable. In the meantime many of the Aberdeen lunatics must be sent to Montrose, Banff, or Elgin, and additional cost is incurred. It is now decided to adopt the report by a committee of the board, recommending that a parochial asylum should be built, that accommodation should be provided for from 250 to 300 patients, and that the cost should be from £12,000 to £15,000. Though it is thus decided to provide an asylum for the poor of St. Nicholas only, it is the opinion of many members of the board that a house sufficient for the wants of the district should be built.

Dr. Ogston has now formally received all the support, in his candidature for the surgery chair at Aberdeen, predicted in the columns of THE LANCET a few weeks ago. A considerable majority of the professors testify in his favour, and it is noticeable that the whole of the teachers, who are originally Aberdeen men, favour his claims; the staff of the Royal Infirmary are unanimously in his favour; a large number of professors and teachers of surgery at home and abroad express their appreciation of his high scientific attainments; while the profession in the north of Scotland and the present students of the Aberdeen school also present memorials. Mr. F. F. M. Moir's letter of application is published, from which the Home Secretary will see that his experience in teaching is considerable, dating back to a period when he was but thirteen years of age. There is not such an array of favourable testimony on behalf of Mr. Moir as that mentioned in favour of Dr. Ogston; indeed, so far, a singular reticence has been shown in publishing any evidence whatever of his fitness for the responsible position he seeks to fill.

What appears to be a rather serious outbreak of scarlet fever has occurred at Dundee. As typhus, measles, and typhoid were recently epidemic, and still exist in the town, the fact that the authorities have at length been roused to action need not be surprising. They have obtained by their recent local Act compulsory powers of notification, and already it is found that this is of little service while they have such a meagre amount of hospital accommodation for infectious diseases. A small-pox hospital was provided some years ago, and this they propose to utilise; while it is further asserted that the proportion of beds available at the Royal Infirmary, in the event of an epidemic, is too small. A meeting has been held at which the public authorities and the infirmary managers discussed the question, and it is not unlikely that a temporary arrangement may be effected, increased ward space being devoted to fever cases.

A case of considerable interest has just been settled by the Sheriff of Midlothian. It appears that the sanitary condition of certain property in the village of Loanhead was so unsatisfactory that the local authority ordered the proprietor, an Edinburgh lawyer, to have the nuisance removed, and that the defendant denied the title of the pursuers to sue. His lordship, expressing the opinion that by Section 7 of the Public Health Act local authorities have power to sue in such cases, and to appoint committees of their own body to take proceedings, pointed out in detail that the premises were in a filthy condition, and that the state of matters was injurious to public health and offensive to public decency. The defendant must take steps to remove the nuisance.

PARIS.

(From our Special Correspondent.)

A CURSORY mention was made in THE LANCET of Sept. 23rd of Dr. Felizet's case of gastrostomy. The patient is now convalescent, and I will now complete the account of this case by a description of the operation and the subsequent treatment. Peter Genisca, for such is the name of this spoon-swallower, is a young Swiss of nineteen years of age. On the night of Sunday, Sept. 10th, he was amusing the customers of the *café*, where he was employed, by introducing a long spoon, such as is used for stirring coffee when served in glasses, into the œsophagus, pushing it as far down as he could and then withdrawing it. The performance was brought to an abrupt ending by the spoon slipping out of his fingers and disappearing down the alimentary canal. The following morning he was seen at the hospital by M. Felizet. Palpation revealed the existence of a foreign body, which projected in the left hypochondrium. Pressure upon this spot was painful, and caused a pricking sensation below the liver. The patient complained also of a feeling of constriction in the epigastrium, of difficulty of breathing, and of a painful sensation with each movement of the diaphragm. There was a constant flow of saliva and mucus from the mouth. Opium and ice were given to allay the pain, but in spite of this no sleep could be obtained, and bilious vomiting set in. This symptom, together with the patient's anxiety and suffering, decided M. Felizet to operate. In order to lessen the chance of the escape of any liquids from the stomach into the peritoneum, and to manipulate the abdominal organs as little as possible, the following plan was devised: A small india-rubber tube was introduced through one nostril into the stomach. The outside extremity terminated in a Y-shaped branch, upon one division of which was a funnel, whilst the other was in communication by means of a tube with a recipient containing ether. To begin with, the stomach was washed out by pouring a solution of bicarbonate of soda into the funnel, and then depressing the end of the tube below the level of that organ, so as to act as a syphon. The patient was then brought under chloroform and the operation continued with antiseptic precautions. An incision was made seven centimetres long, parallel to and one and a half centimetres below the edge of the false ribs, extending from the line of hepatic dulness, three centimetres below and external to the xiphoid appendix, to a point on the left side on a level with the junction of the ninth and tenth costal cartilages. The sheath of the rectus, and some of its fibres were divided, and the peritoneum exposed. Hæmorrhage having been entirely arrested by torsion and ligature, the recipient containing ether was plunged into a vessel of water at 60° Centigrade, and the stomach at once became distended by the vapour, and the peritoneum, being divided upon a director, protruded through the wound. Ten sutures in all were then made to fix the stomach to the abdominal wall, the ether being allowed to escape, in order to ascertain whether the juxtaposition of the surface was complete. One spot appearing defective the stomach was distended again, and another suture inserted. An incision six centimetres in length was then made in the axis of the wound. After the vapour had escaped the stomach was found to be perfectly clean and empty. The spoon was felt, lying transversely across the stomach with one end in the pylorus and the other in the greater curvature; it was then extracted without difficulty. After the operation the patient was kept under the influence of morphia by small hypodermic injections. Tea and rum were given as a drink, with small pieces of ice. Antiseptic dressings were applied. The after effects of the operation were not serious. There was no fever or tenderness of the abdomen. The most distressing symptom was great thirst, but this was relieved most satisfactorily by enemata of cold water. Notwithstanding the dressings, the liquids swallowed passed through the wound. On the fourteenth day, a little milk was given, but this oozed through the dressings, and was not renewed. On the fifteenth some meat was tried, but caused uneasiness. On the first of October, a considerable portion of the wound had healed, and all that remains is a fistulous opening, closed by a pad. The patient eats meat, vegetables, and pastry.

NEW YORK.

(From our Correspondent.)

I ATTENDED the recent meeting of the American Association for the Advancement of Science, at Montreal, Canada, and offer a few notes of papers read there. Professor Alexander Graham Bell explained in detail his methods employed in constructing an instrument for locating the presence of metallic substances in the human body. It will be remembered that such an instrument was twice used upon

the person of President Garfield without success. On the first attempt the failure was due to the imperfections of a hastily constructed instrument, and on the second occasion an area of sound was discovered, which led to the idea that the bullet was within that area. This proved to be incorrect, as the indications were caused by a steel mattress under the President's bed. The instrument now constructed by Professor Bell was recently tested upon the person of Colonel Clayton, who has carried a bullet for many years. The result is stated to have been perfectly satisfactory, and Professor Bell now claims that with his apparatus the presence of a bullet in any part of the human body can be located with accuracy. The principle of the instrument appears to be the use of the telephone in conjunction with the inductive balance invented by Professor Hughes; the action of one set of coils is neutralised by the reversed action of another set. The approach of a metallic body within a certain distance disturbs this state of equilibrity, hence a signal is given. At first no indication was afforded by the instrument beyond two inches; to make it practical this distance had to be extended. Professor Bell now obtains satisfactory results at five inches, and has modified and improved the instrument in other respects, until a degree of perfection has been reached which warrants him in placing the apparatus before the medical profession as a perfect instrument.

Professor A. G. Bell also exhibited the model of an apparatus for producing Artificial Respiration. His idea is to place the subject in a metal cylinder closed with ends of rubber, which should fit tightly around the shoulders and legs. By means of a force-pump, the air can be exhausted from the closed space, when the pressure of the atmosphere forces air through the mouth and nose into the thorax, causing a depression of the diaphragm, and consequent expansion of the abdomen, the alternate rarefaction and condensation of the air confined around the abdomen causing alternate inspiration and expiration.

Dr. William Osler, of Montreal, in speaking of the Microcytes of the Blood, referred to the unsatisfactory explanation of their origin. He said that he had seen their production in the spleen-tissue and in the bone-marrow by a sort of budding from the ordinary red corpuscle. In the conditions under which microcytes are usually found, particularly after hæmorrhages and in profound anæmia, he said the red corpuscles often presented great irregularities of outline. The author added that in fresh specimens of spleen and bone-marrow, he had seen these little particles become detached from the blood cells, moving about in the current on the slide, and when so detached presenting all the characteristics and appearances of the microcytes. Dr. Osler has promised me abstracts of other interesting papers which he read on this occasion, and I will probably refer to them later.

Dr. Louis Elsberg, of New York City, read a paper on Plant Cells and Living Matter. I will postpone a description of Dr. Elsberg's views, as explained in his paper, and refer to an interesting discussion which it provoked. All living matter—bioplasm—is supposed to be made up of reticulations of living substance, with inert matter filling the reticulum. It is said that the reticulum can be easily demonstrated by microscopic observation; that one has only to look for it, and it can be found; that it exists in the white blood-corpuscles and in the amœba, and can be seen in them without reagents. At the conclusion of the paper, Dr. Carl Seiler and Mr. Romyn Hitchcock, while reserving their opinion on the theory in question, asked information of Dr. Elsberg "just how the network could be found." They acknowledged that they had looked for it, but could never find it. In reply, Dr. Elsberg stated that no preparation or manipulation was necessary; the object has merely to be placed under the microscope with a suitable objective, and the network could be seen at once; beyond this Dr. Elsberg would give no information. The members of the Biological Section (Dr. Elsberg excepted) had never seen the reticulations, and doubted their existence. They are shown illustrated in various standard works. May I ask have they been seen by any English microscopist? If so, will he state the conditions under which their presence can be demonstrated?

Professor W. A. Rogers, of Harvard College, who is favourably known for the very exact ruling of micrometric scales, called attention to the fact of a claim set up by Mr. Fasolat, of Albany, N.Y., that he had succeeded in ruling lines 1,000,000 to the inch. Professor Rogers doubts if lines as close as 152,000 to the inch have yet been resolved by a microscope. It is therefore impossible to test the claim of those who profess to rule lines above that limit. As an interesting test of human vision, Professor Rogers stated that single lines $\frac{1}{125000}$ of an inch in width can be seen without a microscope.

Dr. Thomas Taylor, of Washington, showed his new Freezing Microtome, which was much admired by those present. The centre of the microtome is fed by a rubber tube with iced water and salt supplied from a pail placed on a bracket; there is also a discharge tube leading to a lower pail, by which means a circulation is kept up. No necessity arises for hardening or otherwise preparing tissue if this instrument be used; the substance is immersed in gum water, and frozen in a condition for cutting in less than one minute. To regulate the thickness of the section, the outside rim of the microtome plate has an engraved scale and revolvers, and a pointer indicating the thickness. Several members present, who have used every form of microtome, acknowledged that Dr. Taylor's was the most simple and perfect as yet made. Dr. Thomas Taylor is the microscopist to the Agricultural Department at Washington.

I examined two hospitals at Montreal, and will first speak of the Montreal General Hospital. The building is far from creditable to a city which boasts of the "remarkable number and variety of its philanthropic institutions, and of the number of its churches." Of the latter one has evidence in every street, Mark Twain having at a public dinner expressed his regret that he could not throw a brickbat without breaking a church window. I therefore regretted to find the city hospital in such a poor building, the interior having the appearance of a workhouse. The medical staff appear to be doing their best under the circumstances, and admit the want of accommodation and a suitable building. While the building is a disgrace to the city, the citizens are charged by the hospital authorities with failing to contribute the usual means for its support. The last report shown to me—1880–81—indicated an increase of the number of patients, and of course an increase in the expenses incurred. In the face of which the secretary states, "it is a matter of regret and disappointment" that the voluntary contributions had fallen short even of the last year by the sum of nearly 50,000 dollars. I fear that in the seventy-four large and costly churches of Montreal the parable of the good Samaritan is preached with very poor effect. The wards of this hospital were clean and creditable to the management, but the inconvenience of limited accommodation was apparent everywhere, and a proper classification was simply impossible. A little chamber with a few old raised benches is called the operating-room, and does duty also as a chapel. I presume the operating-table, covered with a cloth, is used for the communion, the box of sawdust under such a covering not being visible. The hospital was full to its limited capacity, and three cases of typhoid fever had just terminated fatally.

The Hôtel Dieu, a Catholic Institution founded in 1644, next claimed my attention. This is a combination of a nunnery and a hospital, each occupying a wing separated by a spacious church. The present building was completed in 1861, and is a handsome stone erection situated in a garden enclosed by high walls. The entrance doors of the hospital are kept closed, and on ringing a bell you find yourself in the presence of a nun. A request to inspect the hospital was courteously acceded to, and I forthwith examined every room under the guidance of a sister of mercy, who explained in detail their system of management. The contrast to the hospital I had just left was indeed great; instead of having to cut and contrive with limited means, here they appeared to possess *embarras de richesses*. I regretted, however, to find so many beds unoccupied at a time when the general hospital was crowded beyond its limit. Religious instruction and cleanliness appeared to be the chief ends in view. Nuns were reading aloud in every ward, and the wood floors had been scrubbed until their texture was destroyed, presenting a soft velvety sensation to the feet. The hospital has a high reputation for good surgical work, and the arrangements for the care of the sick are doubtless of a very high order, the eighty professed sisters and novices devoting their lives to that object with a tender regard for the patients under their charge. I was surprised to find the wards filled with heavy four-post bedsteads with white dimity drapery on top and enclosed with four curtains. It seemed a defiance of all modern rules for hospital management. Although over 3000 persons annually receive treatment at this hospital, no house-surgeon was in attendance at the time I called, and in

the absence of all members of the medical staff I found it difficult to obtain information respecting many important details of management. In the grounds of the hospital was a building, then closed, which I understood to be a medical school. A very creditable monthly journal is published in French relating to the cases treated at this hospital.

Obituary.

J. T. CLOVER, F.R.C.S. ENG.

JOSEPH THOMAS CLOVER was born at Aylsham, Norfolk, in 1825. He received a general education at Grey Friars Priory, Norwich, and at its conclusion he became a pupil of the late Mr. Gibson, a surgeon of high standing and large practice in that city. In 1842 he was entered as a dresser at the Norfolk and Norwich Hospital for two years, and it would appear that the malady which more or less marred his working in after life began at this time, for there is an entry in the hospital book which shows that he was absent from ill-health nearly four months. In 1844 he commenced his studies at University College, London, and the same defective health is proved by a letter received by the writer of this notice (then a senior student) from the late Dr. Lubbock, of Norwich, telling of his fear that his young friend, for whom he felt so warm an interest, would injure his frail health by overwork. It was probably on this account that Clover did not compete for honours in the various classes, but he was regarded by his fellows and teachers as one of the most promising and prominent students of his time, and we find him, after filling the duties of dresser, clinical clerk, and physician's assistant, elected as house-surgeon to Mr. Morton, and subsequently to Mr. Syme in January, 1848. Such was the confidence in his capabilities and steadiness felt by the Medical Committee that in August of that year he was made the responsible head of the working staff of the hospital and became resident medical officer. So highly did Mr. Syme estimate his house-surgeon's services, that on his return to Edinburgh he offered Clover a similar position at the Royal Infirmary. This, however, he was unable to accept, because of the more important appointment at his old hospital which was offered to him. During the five years he held this office, the cholera epidemic of 1849 occurred, which taxed to the utmost the courage and endurance of all hospital residents, and the duties also included the administration of chloroform to all who needed it. In 1853 he settled in practice in Cavendish-place, and there he resided until the sad event of last week. Patients and work came to him quickly, so quickly that had he enjoyed a fair measure of vigour and health, with the sterling qualities he was known to possess, there can be little doubt that he would have reached a high position amongst the leading surgeons of his day. Periods, however, of disabling illness, not unfrequently recurring, obliged him, by degrees, almost to relinquish ordinary practice and to restrict himself, however unwillingly, to the administration of anæsthetics. In this important department of practice it is needless to say he was pre-eminent. Quite early in his career he commenced his inquiries and experiments; it is probable that he was present in the theatre of the University College Hospital during the performance of that first successful operation under ether, in England; and, if the scene impressed him as profoundly and vividly as it did others, it might well incite him to thought and study. The operation was a thigh amputation. Mr. Squire administered ether; the patient inhaled it without a movement; Liston hurriedly removed the limb (in thirty seconds), and the ominous silence of the patient, so unusual in those days, caused anxiety for his life. Presently he awoke, and when the cloth was removed from his stump, and he saw that his leg was gone, the unbounded wonder and delight of the patient was scarcely greater than that of the spectators. The great surgeon was almost overcome with joyful emotion as his mind grasped the full meaning of this new era in surgery, which had just opened with such a startling, unexpected, and complete success. In the development of this discovery, after the first few years, during which Dr. Snow was the leading spirit, and chloroform had supplanted ether, Clover took a prominent part. The potency and danger of the new agent soon showed themselves by fatal accidents. He saw that some of these were due to faulty administration, and he set himself to discover a means by which the chloroform vapour could be applied in definite, well-ascertained strength. His mind was markedly of a constructive and contriving order; his knowledge of mechanics and his inventive faculty were great, and, after many trials and much experimenting, he constructed a portable bag, which he ingeniously filled with vapour of safe strength. When the chloroform committee of the Medico-Chirurgical Society conducted their work they chiefly used this bag. Clover, although not a member of the committee, attended most of the meetings, carried out many experiments, administered the anæsthetic, and so aided the work as to secure the fullest acknowledgment and thanks of the members. He was appointed chloroformist to the Westminster, University College, and the Dental Hospitals. He became the companion, in their operation cases, of very many of the chief surgeons and dentists of London. The double anxiety which all surgeons feel so keenly when they are compelled to trust the anæsthetic to inexperienced hands was never felt when Clover was present; he never hesitated to push the agent, when necessary, to the very verge of danger; he would use it when organic visceral disease was known to exist; but his resolute courage was governed by caution and a vast experience. When other agents came to displace chloroform, with open mind and without prejudice he set about to discover their respective uses and merits; he entered into discussion on the various points in the medical journals and at scientific meetings, and, if I mistake not, an article on anæsthetics by him will shortly appear in the Dictionary of Medicine, edited by Dr. Quain, now immediately forthcoming. In other departments of surgery Clover, with his fertile brain and inventive faculty, produced many improvements and new adaptations, but chief amongst them was his exhausting bottle and catheter for the removal of calculous débris from the bladder after lithotrity. If the idea of suction belongs to Sir P. Crampton and others, to Clover is due the credit of perfecting the apparatus by which to accomplish it, while to Bigelow belongs the thought of continuing its use at one or two prolonged sittings until all the stone is removed.

Such is a brief record of Clover's professional work and life; to speak of him as a man and a friend is easy enough, for surely no blemish or fault can be found in his blameless life, which friendship might wish to hide but truth would compel to mention. Every man has some few prominent points of character which give a tone to his whole life. These, in Clover, were his gentle modesty, his absolute unselfishness, and his active sympathy with the joys and sorrows of others. He had no "push," no ostentation or love of display. He worked steadily; his happiness consisted in honestly doing the duty which lay clear before him. None ever heard him speak harshly or unfairly of any; he was without guile or bitterness. He had hosts of friends, for he made many and lost none. Reference has been made to his ill-health. This consisted in chronic pulmonary disease, which, during many years, had frequent periods of arrest and frequent outbursts. In the grey and silent days of this depressing illness he was seldom depressed; as year after year travelled away, leaving his stock of health and strength a diminishing quantity, his cheerfulness endured, and was wonderful; he was contented and happy, resolute to work and help others so long as failing strength permitted; but when the end approached he murmured not, but contentedly resigned himself to the inevitable. "His end," writes Dr. Sydney Ringer, his constant friend and medical adviser, "was quite in keeping with his whole life—gentle, amiable, uncomplaining, grateful, to the last. The world wants one true man since he was taken away."

Mr. Clover has left a widow, daughter of the late Rev. T. C. Hall, Prebendary of St. Paul's, and four children.

ROBERT WISHART LYELL, M.D., F.R.C.S.

THIS young surgeon, who has been suddenly carried off at the outset of a career of great promise, was born in London in 1849, and received his early education at St Olave's Grammar School, Southwark. Already he evinced considerable talent and industry, so that when proceeding to King's College he obtained the distinction of Warneford Scholar. He

passed through the whole of his curriculum at King's College, gaining the esteem of his teachers and fellow-students. In 1871 he graduated in medicine at the University of London, taking honours in all the subjects of the examination; and in 1872 he obtained the degree of M.D., and was also appointed house-physician to the Seamen's Hospital, Greenwich. Soon after this he seems to have decided to turn his attention rather to the pursuit of surgery than that of medicine; for in 1873 he was elected house-surgeon to the Royal Infirmary, Manchester, an office which he held until his return to London at the close of 1874 to take up the appointment of surgical registrar at the Middlesex Hospital. His path was now clear before him, and for the remaining seven years of his life the main part of his labours was within the walls of this hospital. Four years of this period were passed in the post of surgical registrar, which, owing to the cancer department at this hospital, is by no means a sinecure. Dr. Lyell evinced much assiduity and scientific knowledge in this office; and his annual reports of the surgical practice of the hospital are among the best of their kind, and upon their compilation he must have bestowed much labour. A few months after his appointment as registrar, the School Committee made him tutor, feeling that few could discharge its duties more satisfactorily. As a proof of the correctness of their judgment it may be pointed out that he continued to hold the office until his death, and year by year the students have learnt to appreciate highly the value of his instruction and help. Added to this in 1879-80 he undertook the superintendence of the post-mortem examinations of the surgical cases, at the request of the Committee; and the aid thus rendered to the pathologist was invaluable. It might be thought that all this was work enough for any man to have undertaken, but Lyell took up other duties still. He had long a desire to practise ophthalmic surgery, and became clinical assistant at the Royal London Ophthalmic Hospital, Moorfields, besides being elected to the Great Northern Hospital as ophthalmic surgeon, and comparatively recently he was elected assistant surgeon to the former institution. But he followed this special branch only as a part of his general pursuit, and as a vacancy occurred in the surgical staff of the Middlesex Hospital in 1879, he applied for and was elected to the office of assistant-surgeon.

The medical world in general knows hardly anything of Lyell, for he published but little; and in an age when the facilities for publication are so abundant it is remarkable for this to be said of one to whom many opportunities were given of observing disease and adding to knowledge. Doubtless it would have been different had he not been so hemmed in and hampered by the necessary routine of the practical duties he had undertaken. He certainly was never idle, and took far too few holidays to be consistent with the maintenance of health in a not over-robust frame. Indeed, he was always at work, and worked for others as well as for himself. Those who knew him best could not help fearing that he undertook too much; but this they could never get him to admit, and although he was industrious beyond measure, there can be no doubt that he was overtasked. Had he lived, future years might have seen the fruit of his labours in a form more obvious to the world at large; but dying as he has done, more literally in harness than often happens, he has been deprived of any such opportunity of becoming known to the world. Such published work as has appeared from him fully bears out the high opinion that his friends formed of him. In addition to the Surgical Reports of the Middlesex Hospital for 1875-9, he served as Secretary to the Committee of the Clinical Society upon Excision of the Hip, whose report was presented last year; and it may be remembered that in conjunction with Dr. Powell he read before the Royal Medical and Chirurgical Society a case of Drainage of a Pulmonary Cavity. We believe he was also engaged at the time of his death in connexion with the new edition of the System of Surgery, which is being prepared under the joint editorship of Messrs. T. Holmes and Hulke.

Dr. Lyell had been assiduously at work during the past two months in his hospital practice, and was preparing his introductory lecture when the fatal blow came. On Saturday evening, the 23rd, he had a rigor; but he fancied only that he had taken a severe cold, and could hardly be persuaded by his friend and colleague Mr. Andrew Clark, who saw him on Monday morning, to desist from his work at the lecture. It was plain that his illness was graver than he himself thought, and Dr. Cayley saw him in the course of the day, and attended him throughout. On Tuesday the physical signs of pneumonia were developed, but although there was high fever his strength was well maintained for some days. He was, however, not able to withstand the advance of the disease, and on Sunday, the 1st instant, his condition became very grave, and he died the following morning at nine o'clock.

Of a retiring disposition, good-natured to a fault, so that he was always willing to assist, Dr. Lyell has fallen, we fear, a victim to his love of work; for physically he could hardly be considered a strong man, and yet he submitted to the wear and tear of London hospital practice to an excessive degree. His death came just upon the day when his friends and pupils were assembling at the Middlesex to give him a hearty welcome in his capacity of introductory lecturer. Many learnt for the first time on entering the door of the hospital that the lips whose utterances they had come to listen to were sealed in death; and to all, the necessary proceedings of the opening day were clouded by this one mournful fact. It will be long before the event of that day passes from the memory of those who, knowing what a loss had been sustained to their hospital and to surgical science, felt also the bitterness of a personal bereavement.

STAFF-SURGEON W. ST. GEORGE DAVIS, R.N.

THE death is announced of a veteran in the medical department of the Royal Navy, in the person of Staff-Surgeon William St. George Davis, which took place at Hove, near Brighton, on the 30th ult., aged ninety-six. The deceased was the "father" of the medical branch of the navy. He entered the service as far back as 1806. In 1808 he passed his examination for naval surgeon, and was promoted to the rank of surgeon in the same year. He had seen much active service, and was present at many of the numerous sea fights which took place at the early part of the present century. For his services he was awarded the Naval Medal with three clasps. The deceased retired from the department in 1829.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 28th:—

Brinton, Roland Danvers, College-terrace, Belsize-park.
Mac Donogh, Wm. Frederick, Clapham-park-road.
Plimmer, H. George, Anerley-road, Upper Norwood.
Rigby, Percy Alfred, Westroby-terrace, Earl's-court.
Smith, William Herbert, Weston, Bath.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Arthur Ogle and W. P. Bassett-Smith, Middlesex Hospital; Claude S. Sparkes, King's College.

AN inquiry is proceeding respecting the desirability of establishing a local board for Seaford.

ON Saturday last the Duke and Duchess of Westminster opened a Convalescent Home in connexion with the Chester Infirmary.

THE 90th section of the Public Health Act, 1875—that, namely, referring to houses let in lodgings—is officially declared to be in force in the district of Heston and Isleworth.

OWING to the prevalence of infectious diseases in Sunderland, the School Board have cautioned their officers not to enter houses when making inquiries concerning absentees from school.

AT the meeting of the Board of Guardians of the City of London Union on Sept. 27th, in reference to a letter received from the Local Government Board suggesting the need of certain alterations in the Homerton workhouse, it was decided to refer the whole matter to a special committee, which should report upon it fully.

THE committee of the Essex and Chelmsford Dispensary and Infirmary have resolved to proceed with the erection of the new building, the tender placing the cost at £3485 having been accepted.

GUY'S HOSPITAL MEDICAL SCHOOL.—The entrance scholarship of 125 guineas in arts has been awarded to Mr. John Lloyd Roberts of Llanrwst, and the entrance scholarship of 125 guineas in science to Mr. William Frederick Clarke of Kensington.

THE Holborn guardians are advised by the Local Government Board to provide an entirely new workhouse for the union, planned to accommodate, in the first instance, not less than 600 inmates, and capable of further enlargement as may be found necessary.

THE sum of £2600 has been given to the University College Hospital, London, by Mrs. Nathaniel Montefiore. It is to be invested for the permanent endowment of a bed in memory of her late brother, Sir Francis Henry Goldsmid, and a cot in memory of her son, Mr. Leonard Montefiore.

THE novel dramatic entertainment conducted recently by Dr. George Macdonald and his family in the Pavilion, Brighton, on behalf of the local Association for Nursing the Sick Poor, has, it appears, been very successful, and will result in a considerable addition to the funds of the charity.

CASUAL WARDS ON SUNDAY.—At the meeting of the Hackney Guardians on the 27th ult., Dr. Millar informed the Board that he went through the casual wards on Sunday, and what he saw was rather unsatisfactory. He moved that a committee be appointed to have the oversight of these wards, which seemed to have no regular supervision. The motion was carried.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—On Wednesday the session of this Society was opened at Bloomsbury-square. Mr. Carteighe presided, and the prizes awarded to the successful students were presented by Mr. James Ince, who also delivered the inaugural address. Professors Redwood and Bentley gave favourable reports of the classes of chemistry and pharmacy and of botany and materia medica respectively; whilst Professor Attfield's account of the work done in the laboratory last session was also satisfactory.

LONDON FEVER HOSPITAL, LIVERPOOL-ROAD.—The resources of this valuable institution have recently been taxed to the utmost by a serious outbreak of scarlet fever in the district. Every available bed in the hospital is now in use; and unless additional accommodation is promptly provided the house directors, much against their wish, will have to begin refusing admittance to new patients. This, in the circumstances, would be a serious public calamity; but, unless the necessary funds are at once supplied, the managers are helpless, and will be compelled to reduce the outlay at a time when the pressing necessity exists rather for increasing the accommodation.

SCARLET FEVER IN LONDON.—At the meeting of the Metropolitan Asylums Board on Saturday last, Mr. E. Galsworthy presiding, Sir Edmund Hay Currie drew attention to the fact that there were at the present time 500 cases of scarlet fever in the Homerton, Stockwell, and Deptford Asylums—cases brought from all parts of London; and he moved that the Local Government Board be requested to give its permission to the opening of the Fulham and Hampstead Hospitals for the reception of cases, more especially of those which might arise in the parishes and unions near those asylums. In the course of the proceedings protests were made by the members representing the southern and eastern districts against the asylums in those districts being used for all the fever cases in the metropolis, and it was stated that the poor fever patients of Fulham and Hampstead were sent to the south and east while there were empty hospitals in their own districts. The chairman suggested that the Board should proceed in regard to one hospital at a time, and it was agreed to ask the Local Government Board to permit the opening of the Fulham Asylum for fever cases.

BOOKS ETC. RECEIVED.

ALLEN, W. H., & Co., London.
On Duty under a Tropical Sun. By Major S. Leigh Hunt, Madras Army, and Alex. S. Kenny, M.R.C.S.E., A.K.C. pp. 138.

BAILLIÈRE, TINDALL, & COX, London.
Animal Plagues, their History, Nature, and Prevention. By George Fleming, F.R.C.V.S., F.R.G.S. Vol. II. (from A.D. 1800–1844). pp. 539.

BLACKWOOD, W., & SONS, Edinburgh & London.
Synopsis of the Classification of the Animal Kingdom. By Henry Alleyne Nicholson, M.D., D.Sc., &c. pp. 131, Illustrated.

CHURCHILL, J. & A., London.
Practical Treatise on the Diseases of the Uterus, Ovaries, and Fallopian Tubes. By A. Courty. Translated from the Third Edition by his Pupil, Agnes McLaren, M.D., M.R.Q.C.P.I. With Preface by J. Matthews Duncan, M.D. pp. 810, with Illustrations.

CLAPP, OTIS, & SON, Boston, U.S.A.
Is Consumption Contagious, and can it be Transmitted by means of Food? By H. C. Clapp, A.M., M.D. Second Edition. pp. 187.

GRIFFITH & FARRAN, London.
The Classics for the Million; being an Epitome in English of the Works of the Principal Greek and Latin Authors. By Henry Grey. Shilling Edition. pp. 351.

JOHNSTON, A., London.
The History of a Lump of Coal. By Alex. Watt. pp. 82, with Illustrations.

JOHNSTON, W. & A. K., Edinburgh.
The Botanical Atlas. Part VI.

KIMPTON, HENRY, London.
A Manual of Obstetrics. By A. F. A. King, M.D. pp. 325, with 58 Illustrations.
Syphilis. By Prof. V. Cornil. Translated, with Notes and Additions, by Dr. J. H. C. Simes and Dr. J. W. White. pp. 461, with 84 Illustrations.
A Compendium of Modern Pharmacy and Druggist's Formulary. By Walter B. Kilner, Pharmaceutist. Fourth Edition. pp. 686.
An Index of Comparative Therapeutics. By Samuel O. L. Potter, A.M., M.D. Second Edition. pp. 279.

LEWIS, H. K., London.
A Critique of the Criticisms of the Simplicity of *Life*. By Ralph Richardson, M.D. pp. 51.

LIPPINCOTT, J. P., & Co., Philadelphia.
The Treatment of Diseases by the Hypodermic Method. By Roberts Bartholow, A.M., M.D. Fourth Edition, Revised and Enlarged. pp. 365.

LONGMANS & CO., J. MURRAY, MACMILLAN & CO., SIMPKIN, MARSHALL, & CO., TRÜBNER & CO., E. STANFORD, J. D. POTTER, KEGAN PAUL & CO., London; A. & C. BLACK, and DOUGLAS & FOULIS, Edinburgh; A. THOM & CO., and HODGES, FIGGIS, & CO., Dublin.
Report on the Scientific Results of the Voyage of H.M.S. *Challenger* during 1873–76, under the Command of Captains Nares and Thomson. Prepared under the superintendence of Sir C. Wyville Thomson, F.R.S. Vol. II.: Narrative; Vols. III. & IV.: Zoology.

LOW, SAMPSON, & CO., London.
A Treatise on Diseases of the Eye. By Henry D. Noyes, A.M., M.D. pp. 360, Illustrated.
Artificial Anæsthesia and Anæsthetics. By Henry M. Lyman, A.M., M.D. pp. 338, Illustrated.
Clinical Lectures on the Diseases of Old Age. By J. M. Charcot, M.D. Translated by Leigh H. Hunt, B.Sc., M.D. With additional Lectures by Alfred L. Loomis, M.D. pp. 280.
General Medical Chemistry for the Use of Practitioners of Medicine. By R. A. Witthaus, A.M., M.D. pp. 443.
Practical Medical Anatomy. By Ambrose L. Ranney, A.M., M.D. pp. 339, Illustrated.
A Medical Formulary based on the United States and British Pharmacopœias &c. By Laurence Johnson, A.M., M.D. pp. 402.

MACMILLAN & CO., London.
The International Encyclopædia of Surgery. Edited by John Ashhurst jun., M.D. In six volumes. Vol. II. pp. 754, Illustrated with Chrome-lithographs and Woodcuts.

PENYLAND, E. J., Edinburgh.
Synopsis of Chemistry, Inorganic and Organic. By T. W. Drinkwater, F.C.S. pp. 153.

STANFORD, EDWARD, London.
The Eclogues and Georgics of Virgil. Translated into English Verse by the Rev. J. M. King. Improved Edition, uniform with the "Æneid." pp. 158.
Nice and its Climate. By Dr. A. Barety. Translated, with Additions, by Charles West, M.D. And an Appendix on the Vegetation of the Riviera by Professor Allmana, F.R.S. pp. 102, with two Maps.

TROW'S PRINTING AND BOOKBINDING COMPANY, New York.
Contributions to Practical Gynecology. By S. J. Donaldson, M.D. pp. 131, with 16 Wood Engravings.

Our Sanitary Laws, how they are Administered; by R. Kirkwood, M.D.—Die Hauptstadt Budapest im Jahre 1881; von Josef Körösi.—Tableaux Internationaux des Recensements de 1880-81.—La Vaccine au point de vue Historique et Scientifique; par Hubert Boëns.—

Treatment of Fractures of the Skull; by Moses Gunn, M.D.—Album für Krankenträger; von Dr. G. A. Rühlemann.—Eighteenth Report of the City Hospital, Boston, U.S.A.—Nomenclature and Classification of Diseases of the Skin; by Dr. L. D. Bulkeley.—Birmingham Medical Review, Sept.—Letts's Map Catalogue.—Medical Communications of the Massachusetts Medical Society.—A Study of Rupture of the Bladder; by Alex. W. Stein, M.D.—On the Unity of Poisons; by Dr. G. de G. Griffith.—Pamphlets issued by the Association for the Advancement of Medicine by Research: Dr. Bowman's Address on Surgery, Dr. McDonnell's Address at the Surgical Society of Ireland, Dr. Humphry's Speech on Vivisection at Ryde, Mr. Simon's Address on Experiments on Life at the International Medical Congress. (Kolckmann.)—Plant for the Manufacture of Iodine; by Robert Harvey, Assoc. M. Inst. C.E.—Measles and Whooping-cough; by John Tatham, M.D.—On the Meaning of the words "Nyctalopia" and "Hemeralopia"; by John Tweedy, F.R.C.S.E. (Harrison.)—La Mortalité dans ses Rapports avec les Phenomènes Météorologiques dans l'Arrondissement d'Avignon, 1873-77; par le Dr. A. Pamard.—The Malignity of Syphilis, with an Analysis of 450 Cases; by Dr. L. D. Bulkeley.—A Successful Ovariotomy in 1866; by Dr. Robert Newman.—Contributions from the Chemical Laboratory of the University of Michigan; edited by Drs. Prescott and Vaughan.—Ten Years' Experience in the Treatment of Stricture of the Urethra by Electrolysis; by Dr. Robert Newman.—Elephantiasis Arabum in the Samoan Islands; by Dr. A. C. Heffenger.—Fraser's Magazine, Oct.—Knickerbockers for both.—Cruelty to Animals, as frequently practised in every-day life; by Lieut.-Col. J. R. Campbell.—Proceedings of the Allahabad Medical Society.—De l'Ataxie Héréditaire; par le Dr. A. Brousse.—A Key to all the Waverley Novels; by Henry Grey. (Griffith and Farran.)—The Disease of the Scythians; by Dr. W. A. Hammond.—Recherches Expérimentales sur le principe Acide du suc Gastrique; par le Dr. V. Poulet.—Address in Surgery; by William Stokes.—Catalogue of the Anatomical and Pathological Preparations in the Museum of the Madras Medical College. Second Edition.—The Surgical Treatment of Hæmorrhoids; by Walter Whitehead.—Notes on Poisons; a Toxicological Chart designed for ready reference; by J. Mayne, M.D., L.R.C.S.Ed. (Churchill.)—Good Words, Sunday Magazine, Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, for October.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

APPLEYARD, JOHN, F.R.C.S. & M.B.Lond., has been appointed Honorary Surgeon to the Bradford Infirmary, vice Philip Miall, retired.

BARRINGTON, FRED. ALBERT, L.R.C.S.I., has been appointed Medical Officer for the Western District of the Freebridge Lynn Union.

BLAGG, ARTHUR F., M.R.C.S., L.S.A.Lond., has been appointed Resident Medical Officer to the Rochdale Infirmary, vice Stevenson, resigned.

CARTER, THOMAS, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for Richmond (Yorkshire) and the Union, vice Atkinson, resigned.

COLLYNS, R. J., M.R.C.S., L.R.C.P., has been appointed House-Physician to the Royal Hospital for Diseases of the Chest, City-road, vice Duncan Burgess, M.A., M.B., whose appointment has expired.

COUMBE, JOHN BATTEN, L.R.C.P.Ed., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Wargrave District of the Wokingham Union.

DOUTY, J. HARRINGTON, M.R.C.S., L.S.A.Lond., has been appointed Second Assistant Medical Officer to the County and City of Worcester Pauper Lunatic Asylum.

FIELDEN, JAMES, M.R.C.S., has been appointed Medical Officer for the St. Faith's District and Workhouse, St. Faith's Union, vice Hawkes, resigned.

HITCHCOCK, CHARLES KNIGHT, M.D., M.A.Cantab., has been appointed Deputy Superintendent to the Warneford Asylum, Oxford, for six months from the 2nd inst.

LAEN, T. LENNARD, B.A., M.B., C.M., of Bute Docks, Cardiff, has been appointed Medical Inspector of Seamen to the Board of Trade for the Port of Cardiff, vice Dr. T. O. Pratt, resigned.

NEWCOMBE, FRANK, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Dunham District of the East Retford Union.

O'REILLY, ARCHIBALD THOMAS, M.R.C.S., has been appointed Government Medical Officer, also Medical Officer to the Stanthorpe Hospital, Queensland.

POWELL, SCUDAMORE KYDLEY, M.D.Dur., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Madley District of the Dore Union.

RINGER, SYDNEY, M.D., F.R.C.P.Lond., has been appointed Consulting Physician to the North-West London Hospital, Kentish-town-road, in conjunction with Dr. Andrew Clark.

ROBERTSON, DONALD W., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Pickering District and the Workhouse of the Pickering Union, vice Smailes, resigned.

ROSS, DOUGLAS M., M.B.Ed., M.R.C.S., has been appointed Medical Officer to the Brighton Workhouse and Warren Farm Industrial Schools, vice D. Richards, M.R.C.S., L.S.A.Lond., resigned.

SANGSTER, CHARLES, M.R.C.S., has been appointed Surgeon to the D Division of the Metropolitan Fire Brigade, vice C. F. Browne, resigned.

SMITH, WILLIAM BEATTIE, L.R.C.P.Ed., F.R.C.S.Ed., has been appointed Deputy Medical Superintendent of the Ararat Lunatic Asylum, Victoria.

UNWIN, JOHN BROOKE, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Dunchurch District of the Rugby Union.

WATSON, FRANK S., M.R.C.S., L.S.A.Lond., has been appointed Colonial Surgeon to St. Helena.

WEBSTER, GEORGE LEONARD, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Bewdley District of the Kidderminster Union.

WICKHAM, HENRY, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Fourth District of the Ormskirk Union.

WILSON, J. MITCHELL, M.B. S.Sc. Cert. Cambs., has been reappointed Medical Officer of Health for the Rural Sanitary Districts of the Doncaster, Goole, Selby, and Tadcaster Unions, and the Goole, Selby, and Tickhill Urban Sanitary Authorities, for a term of seven years.

Births, Marriages, and Deaths.

BIRTHS.

HAY.—On the 10th ult., at Aden, the wife of Surgeon-Major G. W. R. Hay, I.M.D., of a daughter.

HUNT.—On the 3rd inst., at 101, Queen's-road, Dalston, the wife of Joseph W. Hunt, M.D., B.S.Lond., of a daughter.

JAMES.—On the 29th ult., at Napton Villa, Biggleswade, Beds, the wife of Alfred James, M.R.C.S., L.S.A.Lond., of a daughter.

MITCHELL.—On the 25th ult., at Old Rain, the wife of Patrick Mitchell, M.D., of a son.

STOCKER.—On the 28th ult., at Peckham House, Peckham, the wife of Alonzo H. Stocker, M.D., of twins (sons).

TURNER.—On the 26th ult., at Harcourt, Bournemouth, the wife of John A. Turner, M.B., C.M., of a daughter.

MARRIAGES.

CAMERON—THOMPSON.—On the 27th ult., at Skene, John Cameron, L.R.C.S.E., of Kintore, to Elizabeth Marion, eldest daughter of the late James Thompson, Merchant, of Buckie.

FOULDS—NICHOLLS.—On the 26th ult., at Christ Church, Lee, Kent, Henry John Foulds, M.R.C.S., of Derby, to Marianne, fifth daughter of the late John Nicholls, of Champion-hill, Surrey.

HUTTON—GILFORD.—On the 3rd inst., at Holy Trinity, Micklegate, York, E. R. Hutton, L.R.C.P.L., of Tottenham, Middlesex, to Rose Gilford, eldest daughter of W. Gilford, late of North Luffenham, Rutland.

LAEN—SINCLAIR.—On the 6th ult., at Wick, N.B., by special proclamation before the High Sheriff of Caithness, Thomas Lennard Laen, B.A., M.B., C.M., of Cardiff, to Helen Emily, youngest daughter of Sinclair of Achinabest, Reay, Caithness.

MARTIN—BAYNES.—On the 21st ult., at St. Oswald's, Knuzden, John M. H. Martin, M.D., of Arnheim, Blackburn, to Thomasina Edith, younger daughter of the late John Baynes, J.P., D.L., of Blackburn.

PRICE—GRANTHAM.—On the 4th inst., at the Cathedral, Manchester, by the Rev. R. W. Arthy, Thomas Price, Surgeon, of Manchester, to Fanny, daughter of John Grantham, of Rothesay-place, Old Trafford.

WILLIAMSON—BRUCE.—On the 28th ult., at Bridge of Allan, by the Rev. R. P. Watt, of Edinburgh, James M. Williamson, M.D., of Ventnor, Isle of Wight, to Janet Elim, daughter of the Rev. Wm. Bruce, D.D., of Edinburgh.

WOOD—GOULSTON.—On the 27th ult., at Holy Trinity, Newington, Arthur George Wood, M.R.C.S., L.R.C.P., & L.M., to Ada Jane, younger daughter of Edmund Goulston, of Trinity-square, S.E.

DEATHS.

CLARKE.—On the 1st inst., at Great Yarmouth, Robert Whitmore Clarke, Deputy Inspector-General R.N. (retired), aged 71.

DAVIES.—On the 30th ult., at Hova Villas, Cliftonville, Brighton, W. St. G. Davies, M.D., Staff-Surgeon, R.N. (retired), aged 96.

HART.—On the 28th ult., suddenly, of heart disease, Robert Alfred Hellings Hart, L.S.A.Lond., only son of the late Walter Hart, M.R.C.S., of Stonesend House, Southwark, London, aged 28.

LYELL.—On the 2nd inst., at Harley-street, Cavendish-square, Robert Wishart Lyell, M.D.Lond., F.R.C.S.E., aged 33.

MORE.—On the 26th ult., at Chapel-street, Salford, Huson More, L.R.C.P., aged 38.

SHANN.—On the 2nd inst., at his residence, 69, Petergate, York, George Shann, M.D., aged 73.

UNTHANK.—On the 1st inst., at Derby-road, Nottingham, Anthony Unthank, M.R.C.S., L.S.A.Lond., aged 66.

WEST.—On the 29th ult., at Yeolmbridge, Edward Lawrence West M.R.C.P.Ed., M.R.C.S., of Launceston, aged 58.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Oct. 5th, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 5.30 A.M.
Sept 29	30·25	W.	56	55	73	57	48	·84	Cloudy
,, 30	29·94	W.	51	49	90	62	44	..	Overcast
Oct. 1	29·85	S.	67	62	99	70	48	..	Bright
,, 2	30·01	S.W.	55	52	107	68	48	..	Hazy
,, 3	30·20	W.	57	53	100	65	48	..	Bright
,, 4	30·47	N.W.	53	50	81	60	45	·12	Foggy
,, 5	30·60	E.	54	51	83	61	46	..	Cloudy

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

"MEDICAL OPPOSITION TO IMPROVED REMUNERATION TO MEDICAL MEN."

WE recur to this subject in connexion with Dr. Shorthouse's letter of last week, in which he assumes that Dr. Barnes is the correspondent on the strength of whose statement we "made," as he puts it, "an attack on him." It is always dangerous in an argument to assume anything. The present case is not an exception. Our comments were based on an elaborate letter in the newspapers on the frequency with which instruments should be used in midwifery, sent us by a stranger to both Dr. Barnes and Dr. Shorthouse. But that is a point of no importance when the dispute has actually got into the newspapers. There are two points in which we seem to be at variance with Dr. Shorthouse, and we fear must continue so, much as we regret to differ from him. The first is the seemliness of a medical guardian who, by what may be called a providential illness, was hindered from attending a meeting of the Board at which a reasonable request to raise a medical officer's salary was refused, taking up the cudgels against the medical officer in the newspapers, and suggesting that his bill of extras was raised unduly by a too frequent use of instruments. The vote had gone against Dr. Barnes without the assistance of Dr. Shorthouse. It is never seemly to be the accuser of the brethren. Here it was, to say the least, unnecessary. The second part of our difference from Dr. Shorthouse has reference to our statement that professional opinion is in favour of a more frequent use of instruments, and that there are the gravest reasons for not leaving lingering labours to take their own course. It is somewhat surprising that Dr. Shorthouse should dispute either of these propositions. It is a matter of notoriety that the best practitioners in town and country perceive the danger of prolonged labour especially in the second stage, and that the forceps, or some instrument with a similar purpose, is used more frequently and with the most beneficial results. Let us change the basis of our opinion from common notoriety to something more definite. The late Dr. Thomas Edward Beatty, whose father took the lead in Ireland in the more frequent use of forceps, tells us that when he read in 1842 a paper on the use of the forceps before the Obstetrical Society of Dublin, a gentleman, who had been once Master of the Lying-in Hospital and for forty years had enjoyed one of the largest practices in Dublin, stated that he had *once tried* the forceps and failed. How different the case in Ireland now. But Dr. Shorthouse would like an English opinion, and, in spite of the name, will admit its force. Dr. Robert Barnes ("Obstetric Operations," second edition, page 53) says, "In no respect has modern midwifery given more satisfactory evidence of progress than in the extending practice of applying the forceps to obviate delay in the second stage of labour." We disapprove of meddlesome midwifery as much as Dr. Shorthouse does; but labour is a painful and perilous process if unduly prolonged, and as it is to the infinite credit of medical men to devise gentle and safe means of shortening it, it is to the credit of medical guardians to be generous in judging fees charged for the use of such means.

"MEDICAL OPPOSITION TO IMPROVED REMUNERATION TO MEDICAL MEN."

To the Editor of THE LANCET.

SIR,—Dr. Shorthouse makes an assertion that the forceps are required in only 1 case in 600 or 700. This I take to be very far-fetched indeed. The statistics of the Royal Eastern Maternity, which he quotes, are not to be relied upon as being the rule, for they are founded on a condition of data the most favourable and the most unusual. Would we, for instance, compare the death-rate in a well-appointed fever hospital, with all its hygienic surroundings, its skilled nurses, &c., with that of the fever dens of the metropolis? With regard to the said statistics, I may point out that in the year 1820 we find the average of forceps cases 1 in 550, and the average of craniotomy cases 1 in 300. Every practical man is bound to admit that such a comparison of forceps with perforator is utterly at variance with his own experience. The statistics given by Churchill, when the sources of information are taken individually, show a divergency of opinion as to the use of the forceps, from 1 case in 10 to 1 case in 300. In Leishman's valuable work we have twelve conditions given in which the forceps may be required, and, as far as my experience serves me, one or other of those conditions will arise in about 1 case in 30. I can give the exact particulars of 15 cases in 330, in which their use was imperatively demanded to save mother or child, or both; whilst I can add 11 other cases where I used them to terminate a protracted labour, which reason I hold perfectly justifiable, not only in the interests of the mother, but also those of other patients awaiting my services. Dr. Shorthouse must bear in mind that the parish doctor is bound to discharge duties other than obstetric ones, and also that in the poverty-stricken homes where he goes he cannot leave his patient in suffering upstairs whilst he adjourns to the drawing-room or the library. Amongst the poorer classes the doctor is sent for only as a *dernier ressort*, in the belief that he can do something more to relieve the sufferer than the friendly neighbour or midwife who nurses the patient has done.—I am, Sir, yours, &c.,

Oct. 2nd, 1882. HENRY LOVE, M.B. Univ. Dub., &c.

To the Editor of THE LANCET.

SIR,—In Dr. Shorthouse's letter on this subject last week there are two conclusions drawn which appear to me to be entirely fallacious. In the first place, the large amount of "extras" is held to be a reason for considering the salary of Dr. Barnes sufficient. Now, to anyone conversant with the working of unions, it must be well known, seeing the comparative unfrequency of cases that can be charged for as "extras," that a very great amount of work must be done in the ordinary way. The amount of "extras" seems to me to be an argument in favour of the salary being increased. In the second place, Dr. Shorthouse's reasoning in the matter of the statistics of forceps cases is eminently misleading; for, in the majority of unions, an order is only given when a midwife is unable to complete delivery, or, when from some previously ascertained cause, a bad labour is anticipated. A medical neighbour of mine, who holds a large union appointment, told me only the other day that it was the exception in his case to get a parish midwifery case where instrumental interference was not necessary.

Everyone will agree with Dr. Shorthouse as to his right as a guardian in checking over-charges on the part of his medical officer; but I venture to think he is not justified in using statistics in the way he has done without some explanation, for it is evident that such statements must cause that part of the general public who may read them to look upon Dr. Barnes as either a designing man or a bad practitioner.

I am, Sir, yours faithfully,

Shipdham, Oct. 2nd, 1882. IRVINE K. MILNE.

To the Editor of THE LANCET.

SIR,—In your last issue Dr. Shorthouse expresses himself utterly astonished at your statement as to the more frequent use of the forceps in midwifery practice, and asks for some obstetric authority to support it. Will one quotation suffice to lead him into fresher fields of inquiry? On the first page of Dr. Playfair's second volume on the science of midwifery, he will find these words:—"Less than thirty years ago the forceps were not used more than once in 310 labours, while, according to the report for 1873, the late master (Rotunda Lying-in Hospital) applied them once in eight labours."

In the later volumes of the Dublin Obstetrical Society he will find ample corroboration of your assertions and also in a report of the discussion in the London Obstetrical Society, published in THE LANCET, vol. I., 1879, p. 699 *et seq*, and vol. II., p. 93.

I am, Sir, yours obediently,

Cambridge, October 4th, 1882. ROBT. N. INGLE.

Medical Etiquette.—The advertiser and the advertisement are alike beneath notice.

R. H.—We know nothing of the case or of the person named.

INTRA-VENOUS INJECTION OF FLUID IN SEVERE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Transfusion is, under ordinary circumstances, impossible, and we must all welcome the substitution of a practicable operation. Dr. Jennings's plan (particulars of which appeared in your last issue) might be still farther simplified by using as an injection water with salt and brandy, and having a cannula which could be fitted to the common obstetric syringe.—I am, Sir, yours faithfully,

Leeds, Oct. 2nd, 1882. PHILIP FOSTER, M.D.

STATISTICS OF SUICIDE IN PRUSSIA.

ACCORDING to details from official sources which have recently been published in the German press, suicide is on the increase in Prussia, the annual proportion of self-inflicted deaths per 100,000 of population having risen from 13 in 1869 to 18 in 1880. The manner in which these suicides are carried out does not seem to have varied much, with the exception of a greater preponderance of poisoning amongst the female cases. May, June, and July are the months most fatal in this respect. The number of suicides in each period of human life seems to increase with more or less regularity until the stage between fifty and sixty years of age is reached, which shows the highest proportion. There is an excess of deaths shown for the period between twenty and twenty-five years of age; still it does not alter the general fact as to the later portion of middle-age showing the most cases of suicide.

M.D. Edin.—The cases are somewhat different. The Edinburgh College of Physicians has lately determined that an examination shall be passed by candidates for the membership, except in certain cases. Only members of one year's standing are eligible as Fellows, who are elected by ballot. In the College of Physicians of London, too, members only are eligible to the Fellowship, and members are elected after examination. Here also the appointment of Fellows is rather a process of selection than of election.

"THE POSITIVE OR RATIONAL TREATMENT OF GONORRHŒA."

To the Editor of THE LANCET.

SIR,—In reply to the kindly notice of my letter on the above subject by "C. H. W.," with a request for further information, allow me to say that, regarding as I do this ailment as an inflammation due to specific causes for which there are specific remedies, I know of no earthly reason why, excepting those to which I will here briefly allude, its cure should not be reasonably expected and effected within such limits of time as are demanded for the cutting short and treatment of simple ophthalmia, &c., these several drawbacks being—1st, the beastly and objectionable character of the medicines given, which effectually sicken the patient, and make him dread and refuse to take the remedies with that perfect regularity which is absolutely and essentially necessary to its early subdual; 2nd, the utter want of sympathy manifested by most practitioners with young patients when they happen to have got into trouble of this character—a sort of holding aloof from them, which folly has the undoubted effect of driving them into the hands of druggists and advertising quacks, who lose no opportunity of cultivating the impression that medical men do not understand this class of ailment; 3rd, the not unfrequent want of means to meet the high charges in ready money demanded by medical men (who very properly decline to allow accounts to run on with men who, being as a rule unmarried, have no settled home, and thus offer no security for payment); whilst, 4th, there always exists the possession of a consciousness that in going to the doctor they may be recognised or watched—a suspicion which haunts them, and not unfrequently deters them from that steady perseverance which is so absolute a necessity if early cure is to be expected or effected. From long experience I am certain that a single dose of medicine missed is actually detrimental to an early cure; the late Dr. Peatson, of the Manchester Lock Hospital, seldom or never failing to cut the ailment short by drachm-doses of fresh cubebs given in cold water every three hours of the waking day, and this entirely without the use of any injections. Finely ground cubebs are not very objectionable to take, excepting for their bulk, being infinitely preferable to the smallest dose of balsam or any other preparation with which I am acquainted, the much belauded alkaline solutions of balsam, buchu, &c., being enough to turn the stomach of the typical horse of which we hear so much, and certainly expensive boilings and distillations, against the purchase or use of which, from practical experience, I would warn my brethren. Now, whenever gonorrhœa patients come to me, I distinctly give them to understand that I will not undertake their cases unless they are prepared to take a bottle of medicine daily for at least two or three weeks. For this course I kindly, but firmly, give them my reasons, not the least of which are that, having before they came to me been under treatment (for medical men seldom get these cases at first hand), I will not allow them to play with me as they have done with my predecessors, nor will I give them room after a certain time of desultory trial with me to go away and tell "some other man" I cannot cure them, whilst the fault of non-cure lies entirely with themselves. For the rest, I try to give them confidence, enter into sympathy with them, arrange the method of fetching the medicine, try to meet their circumstances of payment, and thus, in ordinary cases, never fail in shortly proving to them by their steady improvement the absolute certainty of a speedy cessation of the discharge, scalding, and other evidences of an existant inflammation, which surely yield to those common-sense remedies which patients have a right to expect from the youngest qualified practitioner.

And now as to treatment. I always recommend the wrapping round the glans penis an inch wide piece of lint several inches long, held lightly on with thread, which lint I order to be kept constantly wet with cold water. This usually prevents sensitive erections, and the pain attendant on the chordee, which is so much to be dreaded. For my empiric recommendation of five-grain doses of the iodide of potash, all I can say is that, besides its solvent influence on the essential elements of the powder, I can but further refer my brethren to its well-recognised action on the various mucous surfaces, as evidenced by the discharges to be noticed very frequently from the nostrils, eyes, &c., when exhibited for rheumatism, &c.; but whatever its action in combination with full doses of cubebs, I believe it to be simply invaluable in subduing and killing the poison of gonorrhœa, and this I assert after a very extended experience of its use. Personally I do not believe that any number of cases of this ailment occurring to the same patient have the slightest influence over each other. Each case stands simply on its own merits, each one being due to the contact of fresh poison. A cure is a cure, and there is an end to the business. Protracted cases are neglected cases. A patient may have it twenty-eight days, twenty-eight weeks, or twenty-eight months, just accordingly as he proceeds to get rid of it.

With regard to your correspondent's inquiry as to whether gleet is contagious or not, I answer if gleet is, as I understand it to be, a thin, sanious discharge left after a protracted gonorrhœa—such slight discharge as is to be noticed occasionally and especially in a morning—then undoubtedly it is; and a medical man does a most monstrous thing when he recommends or allows a patient to marry or have coition with his wife while the slightest trace of any such discharge exists.

I am, Sir, yours, &c.,

Sept. 27th, 1882. TROCAR.

Mr. Gueslon.—We are not aware. Probably the information may be obtained from the publisher of the book mentioned.

Auld Reekie.—The papers, we believe, are not published, and can be obtained only through private sources.

Mr. John Gill's (Bangor) communication arrived too late for insertion in our present number. It shall receive attention next week.

Mr. Robert Jones's cases will be published shortly.

BELLADONNA POISONING.

To the Editor of THE LANCET.

SIR,—A few notes of a case of this nature, which occurred in my practice lately, may be worth recording.

A little boy, four years of age, drank part of a solution of extract of belladonna, which was being used by his father for an affection of the eye; I could not ascertain exactly the strength of the lotion, but was told that a piece of the extract, "about the size of a bean, was dissolved in a little hot water." I first saw the child at 4 P.M., an hour after the poison had been taken; he then presented no unusual appearance, except a little suffusion of the eyes and restlessness. An emetic had already been given, followed, after vomiting subsided, by a strong aperient. At 8 o'clock I saw him again. He now showed rather alarming symptoms; the pupils were dilated, the face, upper part of chest, and ankles were congested and swollen, he had slight delirium and frequently recurring convulsions, the tongue and mouth were parched, and the temperature was high. A warm bath was ordered and small doses of brandy. I next saw him at 9.30, when all the symptoms were aggravated except the convulsions, which were not so strong; the pupils had now become completely dilated, delirium increased, and the whole body was intensely red and tumefied. Earlier in the evening one dose of opium had been given, but I now resolved to put the boy under the influence of the drug; with this view, three minims of tincture of opium were given every quarter of an hour for two hours. At 12 o'clock the convulsions had almost ceased, the delirium had somewhat abated, and the pupils were less dilated, but not contracted; the child was now becoming drowsy and shortly afterwards slept; the sleep being quiet and the breathing free, he was left undisturbed. At 5 A.M. he woke up, asked for water to drink, and again dozed off to sleep. When I saw him at 9 he appeared well, but still a little drowsy. In the evening he had completely recovered and was running about the room.

I am, Sir, yours truly,

St. Anne's-road, Notting-hill, W. J. D. MILLER, M.B. Edin.

Mr. T. Richardson.—The College of Physicians and Surgeons of New York is above reproach.

Mr. Arthur Price.—Our correspondent had better make application to the Secretary to the Post Office.

Dr. James Nicholls.—The subject is referred to in another column.

"MORPHIA POISONING BY HYPODERMIC INJECTION."

To the Editor of THE LANCET.

SIR,—I read with great interest Mr. Hill's case of the above. It will be seen from the account of the case that the patient was suffering from cardiac disease. I have always used morphia subcutaneously with great caution in cardiac cases, as I believe such patients are very susceptible to its influence, and this case would seem to corroborate the idea. I have certainly seen one-sixth of a grain of morphia subcutaneously produce considerable drowsiness. In cardiac dyspnœa I have found one-twelfth of a grain of morphia subcutaneously relieve the symptoms and give a night's rest, and do not like to give a larger dose.

I am, Sir, yours faithfully,

Oct. 2nd, 1882. M.D.

To the Editor of THE LANCET.

SIR,—In reference to the case published by Mr. Hill in THE LANCET of last week, may not an explanation of the evil effect of the administration of an opiate be found in the pathological changes in the kidneys which are usually associated with valvular disease of long standing?

I am, Sir, yours truly,

Heckmondwike, Oct. 2nd, 1882. JAMES TURTON, M.R.C.S.

THE TYPHOID OUTBREAK AT DRYSDALE, AUSTRALIA.

DR. J. G. CARSTAIRS, medical officer of health for Billarine shire, has reported to the local board on this epidemic. The report, as it appears in the *Australian Medical Journal*, is brief, but states the investigation to have been careful and minute. All the ordinary causes of typhoid outbreaks having, in the opinion of the reporter, been excluded, he concludes there was "ample cause for its appearance in the season," which has been exceptionally hot and dry, and marked by sudden alternations of temperature.

W. F.—As far as we know, no observations on the boiling point of milk have been recorded. No doubt it varies with the composition of the milk. The only temperature that could be observed would be the point at which the boiling commenced. The thermometer would of course rise as evaporation went on.

"TREATMENT OF EPILEPSY."

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "Alpha," I can advise him from personal knowledge to try the treatment of epilepsy recommended by Professor Ball of Paris. It consists of the simultaneous administration of the bromides, with oxide of zinc and belladonna.

The formulæ are as follows:—1. Bromide of sodium and bromide of ammonium, of each ten grammes; water, 300 grammes. Begin by taking four tablespoonfuls daily in an infusion of valerian, and increase to eight or ten daily. 2. Extract of belladonna and oxide of zinc, of each one gramme. Make forty pills, of which two are to be taken daily. In obstinate cases they may be increased to four. 3. A drastic purge once a week.

Two years since I was asked by a lady to prescribe for her nephew in Algeria, whose father had forwarded a very clear description of his son's case, wishing for further advice. Four epileptic attacks of a most unmistakable character had occurred within the previous three months, the last one being followed by heavy sleep and subsequent prostration. In the opinion of the local practitioner the attacks were due to an "excess of health;" he considered that the young man (age nineteen) had *trop de santé*, and recommended marriage as a fit and proper exutory. I am at a loss to conceive upon what grounds he based this theory, for it was expressly stated in the father's report that the patient was perfectly free from any vicious proclivity. It is almost needless to say that I put my veto upon the matrimonial project. The medicinal part of the treatment prescribed was comprised in the preceding formulæ, and this was supplemented by a few hygienic and dietetic suggestions. Ten months later the same lady called to tell me that the treatment had been completely successful, the patient having been entirely free from any recurrence of his malady.

I may mention that I submitted the father's report quite recently to Professor Ball, who agreed with me that it was an undoubted case of epilepsy. Should your correspondent think it worth his while to pursue the subject further, he will find it fully developed in a recent Paris thesis by Dr. G. Boyé, on the Treatment of Epilepsy, and also in Nos. 1 and 3 of *L'Encéphale* for 1881.

Two other plans have been recently recommended, but with these I have no *personal* acquaintance. The first consists of the subcutaneous injection of curare. Dr. Kunze has so treated thirty-five cases with nine successful results. The solution used is—curare, fifty centigrammes; distilled water, five grammes; hydrochloric acid, one drop; one-third to to two-fifths of a syringeful to be injected every fifth day. The second is the ligature of the vertebral arteries as practised by Dr. W. Alexander, who contributes a paper on the subject to the last number of *Brain*. The thirteen cases related in the periodical, and in an article which appeared in the *Medical Times and Gazette*, Nov. 19th, 1881, are certainly most encouraging.

To conclude, I would refer "Alpha" to Dr. Gowers' monograph on Epilepsy. It is by far the best treatise on the subject of modern date.

I am, Sir, yours obediently,
Paris, October 2nd, 1882. OSCAR JENNINGS, M.D.

To the Editor of THE LANCET.

SIR,—I beg to reply to your correspondent, "Alpha," who seeks for information relative to the treatment of others who have had experience in cases of epilepsy.

I have had not a few persons under my care suffering from that malady. I have found chloral hydrate in combination with either bromide of potassium or bromide of ammonium the very best line of treatment. It is advisable to vary the treatment by substituting occasionally for the chloral a mixture of belladonna with spirits of ammoniated valerian and tincture of lavender, or solution of strychnine, spirits of chloroform, and quinine, more especially if the patient shows symptoms of debility and loss of muscular power. The bromides must then be stopped for a period. Of course the secretions must be attended to, diet, &c., and moderate exercise and very little, if any, stimulants. I have a gentleman now under my charge who had epileptic convulsions a short time back, requiring six people to hold him, which I stopped by injecting morphia, &c., into his arm. Another man (of powerful build and constitution) I had to give 170 grains of chloral in thirty-six hours before I could arrest the fits and procure sleep. After six hours continued rest he woke up quite restored. The treatment was somewhat heroic and caused me much anxiety, and I would not care to repeat it, but trust to the atropia capsules and morphia.

I am, Sir, yours faithfully,
Sarratt House, Sarratt, Oct. 3rd, 1882. J. WRIXON.

THE F.R.C.S. EDIN.

A CORRESPONDENT, who is pleased to sign himself *L.R.C.S. Ed.*, has chivalrously undertaken to defend the practice followed by the authorities of his College of selling their diploma of Fellow. He has doubtless eased himself by penning his lucubration, in which such choice expressions as "intense hatred of Edinburgh," "to throw dirt at the Edinburgh Corporations," "paltry gossip," "cockney minds," "the jealousy of London, a city where the art of teaching is simply unknown," give piquancy to what would otherwise be a silly tirade of abuse, misrepresentation, and error. It is needless to pursue the matter further.

COTTAGE HOSPITALS IN AMERICA.

DR. C. A. HART, of Plainfield, New Jersey, in a communication to the New York *Medical Record*, claims the distinction of being a pioneer in the cottage hospital movement in the States for the Mecklenburg Hospital of Plainfield. The building, says Dr. Hart, combines the latest known advances in hospital architecture, accommodating twenty-five patients. The cost of the building was about 5000 dollars.

Enquirer.—Even under the circumstances it would be an unseemly thing for a practitioner to apply for appointments held by another medical man.

"A DISAGREEABLE DUTY."

To the Editor of THE LANCET.

SIR,—Mr. Wise's letter in your last issue makes charges of intentional and ostentatious discourtesy against me, in my capacity as house-surgeon, which are, to say the least, inaccurate.

I did my duty to the patient and listened much more politely to Mr. Wise's opinion than either his manner to me, the professional knowledge he displayed, or the qualifications he possesses would call for. Mr. Wise is not registered and his name does not appear in the Medical Directory, and though he signs himself M.D., he can scarcely expect to be considered a brother professional. Mr. Wise ought to have presented his card, and should certainly have had the politeness to remove his hat instead of wearing it the whole time he was in the hospital.

The patient was suffering from an incised wound of the forearm, dividing the ulnar artery, which was quite superficial, and should have been secured by Mr. Wise at once. The radial was not injured, as he asserted in our receiving-room, and it certainly was not then and has not since become necessary to amputate the limb, as suggested at the time by him.

Mr. Wise has omitted to state that I offered that he should accompany the patient into the ward, and that, should he desire to watch the case, he would be very welcome to do so. I need scarcely add that no one at this hospital would willingly be discourteous to anyone.

I am, Sir, yours, &c.,
London Hospital, E., Oct. 3rd, 1882. R. HINGSTON, M.R.C.S., &c.

Student has not enclosed his card.

Mr. Mussey.—It would be contrary to our rule.

Mr. Donald Mc Alister.—The suggestion shall have attention.

THE EFFECT OF LIGHT IN AIDING SNEEZING.

To the Editor of THE LANCET.

SIR,—For many years past I have noticed that when I feel that uncomfortable sensation of wanting to sneeze and not being able to, I have only to go to the light and look at a bright sky or white cloud, or, best of all, the sun, and the effect is magical in producing a comfortable sneeze. I never take snuff. I have noticed this effect of light in inducing sneezing in other people. Can you explain its action

I am, Sir, yours, &c.,
Sept. 23th, 1882. A LAYMAN.

Scrutator.—We cannot express an opinion on conduct, of the motives for which we are so uninformed as in this case. A bare statement of the facts might be inserted.

T. C. D.—No card enclosed.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—Would it not be a good thing if some of your chief medical authorities on this question were to invite the clergy to a conference, or to hear papers read upon this subject? I believe the majority of my clerical brethren know little or nothing of the aim and objects of the Contagious Diseases Acts, and that if they did know more about them they would, with you, advocate their extension.

I am, Sir, yours truly,
Margaret-street, W., Sept. 30th, 1882. ARTHUR BRINCKMAN.

Mr. A. E. W. Cason.—Apothecary.

C. T. B.—1. No.—2. We are not aware.

CARFERAL.

To the Editor of THE LANCET.

SIR,—Will you or any of your subscribers kindly give me some information about the Netley filtering medium, Carferal? Where is it to be obtained, at what price, and what is the best mode of using it?

I am, Sir, yours faithfully,
Chiswick, Oct. 2nd, 1882. ÆSCULAPIUS.

THE GAFFNEY FUND.

THE following further sums have been received through Dr. A. P. Stewart:—

Eustace J. Carver, Esq., Fulham-road	£2	2	0
A. Prince, Esq., 32, Dudley-grove, W.	1	1	0
T. W. Wood, Esq., Ramsey, Isle of Man	1	1	0
Henry Habgood, Esq., Eastbourne..	0	10	0

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Savory, London; Dr. Edis, London; Mr. Nettleship, London; Mr. Rushton Parker, Liverpool; Mr. R. B. Marston, London; Dr. O'Connell, Iowa; Messrs. Hildesheimer and Faulkner; Mr Hardy, London; Mr. Routh, London; Mr. Pearson Hill, London; Mr. Oliver, Newcastle-on-Tyne; Mr. McAlister, Cambridge; Mr. Hingston, London; Mr. Laurent, Bedford; Dr. Nicholls, Chelmsford; Mr. Moos, London; Dr. Luce, Seafield; Dr. Rickards, Birmingham; Mr. Arthur Price; Mr. Allinson, London; Mr. J. Wrixon, Sarratt; Dr. Bonavia, Etawah; Mr. Mason, Tiverton; Mr. Henry Love; Mr. Broadbent, Seafield; Mr. Valentine, Somerton; Mr. Turton, Heckmondwike; Mr. Duncalfe; Mr. Fenton, London; Mr. Milne, Shipdham; Mr. Yalland, York; Dr. Robert Lee, London; Dr. Stevenson Macadam, Edinburgh; Mr. Hoskyn, London; Mr. Tallack, London; Mr. Brinckman; Mr. Hutchinson, London; Mr. Wright, Leeds; Dr. Fletcher, London; Messrs. Poulton and Paul, Norwich; Mr. Dixey, London; Mr. Armstrong, West Annerdale; Mr. Allsop, Saltaire; Mr. Blake, Croydon; Messrs. Paddick and Co., Hanley; Dr. Evers, India; Dr. Jones, Pennsylvania; Messrs. Turnwool and Wood, Newcastle; Mrs. Tillet, Cheltenham; Dr. Hunt, Dalston; Messrs. Beal and Co., Brighton; Mr. Laffan, Cashel; Mr. W. Brown, Birmingham; Mr. Davis, Churchingford; Dr. Barnes, Croydon; Mr. Kemp, London; Dr. Longhurst; Mr. Craske, London; Mr. Ingle, Cambridge; Mr. F. Vacher, Manchester; Dr. Marshall, Nottingham; Dr. Jacob, Dublin; Mr. Moxhay, Reading; Dr. Macredy, Grantham; Mr. Robert Jones, Liverpool; Mr. Kendrick; Justice; Student; M.D. Edin.; W. F.; One of the Minority; Æsculapius; M.D.; M.C.; Medical Etiquette; Enquirer; L.R.C.S. Ed.; Inceptor, &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Mills, Norwich; Dr. Gill, Canterbury; Mr. Grinling, Burton-on-Trent; Mr. Lombardy, Edinburgh; Mr. Watson, Scarborough; Mr. Thomas, Edinburgh; Mr. Verity, Earl's Heaton; Messrs. Gabriel and Trope, London; Miss Gregory, Crumpsall; Mr. Jones and Son, Llanfyllin; Mr. Whitton, Towcester; Mr. Stocker, Forest-gate; Messrs. Bennett Brothers; Mr. Arthey, Chelmsford; Mr. Treves, London; Mr. Jones; Mr. Darbyshire; Mr. Apjohn, Kilkee; Mr. James, Biggleswade; Mr. Glen, South Bank; Dr. Vines, Littlehampton; Dr. Diver, Kenley; Mr. Canwarden, London; Mr. Lacey, Woolwich; Mr. Titt, Islington; Mr. Grantham, Trafford; Dr. Lasn, Cardiff; Dr. Fraser, Barnsley; Mr. Neame, Birchington-on-Sea; C. E. B.; R. H. P., Worcester; F. H.; C. E. P., Trinity-square; Medicus, Blackburn; H. O. S.; Y. Z.; J. J. J., Kingstown; Medicus, Sunderland; Medicus; A., Glasgow; D. J., Sheffield; Medicus, Ingleton; C. H. C. L.; W., Plumstead; G. W. M., Hampstead-road; Registrar, Bath; Medico, Minchinhampton; N. A., Dawley; Pax, Leicester; Ager, Stoke Newington; A. B.; Z., Kensington; Alpha, Faringdon; A., Bayswater; E. C., Eccles; Medicus; M.D., Whitechapel; N. R., Salisbury; Sigma; Lady Superintendent; Surgeon, Bury; Hon. Sec., Gravesend; A. B., West India-road; Surgeon, Liverpool; H. A. C., Kentish-town, &c. &c.

The Rock, Barnet Press, Newcastle Daily Journal, Natal Mercantile Advertiser, Port Elizabeth Telegraph, Scotsman, Waterloo Times, &c., have been received.

Medical Diary for the ensuing Week.

Monday, Oct. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

Tuesday, Oct. 10.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Oct. 11.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.
HUNTERIAN SOCIETY.—7.30 P.M. Council.—8 P.M. Address by the President (Dr. J. Hughlings-Jackson, F.R.S.).—Mr. Rivington, "On the Symptoms, Diagnosis, and Treatment of Rupture of the Urinary Bladder."—Mr. Jennings, "On Transfusion Apparatus."

Thursday, Oct. 12.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—3½ P.M. Dr. Stephen Mackenzie, "On a Case of Chronic Tubercle of the Choroid and Brain."—Dr. Bralley, "On a Case of Large Tubercle Growing from near the Optic Disc."—Dr. Warner, "On a Case of Miliary Tubercle of the Choroid and Lung without Meningitis."—Mr. Nettleship, "On Certain Cases of Destructive Ophthalmitis in Children."—Living Specimens at 8 o'clock.

Friday, Oct. 13.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—Dr. C. T. Williams, "On a Case of Phthisis treated by Residence at High Altitudes."—Mr. Golding Bird, "On a Case of Excision of the Tonsil for Epithelioma."—Mr. Clement Lucas, "On a Case of Excision of the Base of the Tongue, Tonsil, and Soft Palate for Epithelioma."—Mr. Walsham, "On a Case of Gunshot Injury of the Lower Jaw."

Saturday, Oct. 14.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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